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Repeat Adolescent Pregnancy From The Perspective Of The Pregnant Teen

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Repeat Adolescent Pregnancy From the Perspective of the Pregnant Teen

by

Marianne Wharton

A Thesis

**Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women
Columbus, Mississippi**

July 2001

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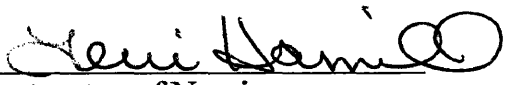
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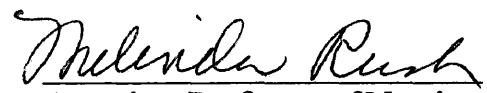
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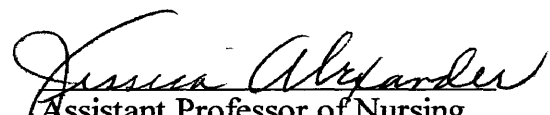
Repeat Adolescent Pregnancy From the Perspective of the Pregnant Teen

by

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Abstract

Despite the continuing high number of repeat pregnancies to teens and the negative consequences of a second birth, the American health care system continues to focus pregnancy prevention efforts on never-pregnant teens through a message of abstinence. While abstinence is an important component of pregnancy-prevention efforts, this approach does not address the needs of teens who are already mothers. The purpose of this descriptive, qualitative study was to explore the phenomenon of repeat adolescent pregnancy from the perspective of the teen mother pregnant with a second child. The following research question guided the study: What do adolescent girls think and feel about their second pregnancy? A sample of 5 adolescent mothers pregnant with a second child participated in semi-structured interviews. The convenience sample was drawn from teen mothers living in a southern state who received prenatal care at a health clinic established to provide services to Medicaid recipients. The researcher transcribed the interviews in their entirety and analyzed the resultant texts using content analysis. One unifying theme emerged from the data. The recurring theme that best described the participants' experience of a repeat adolescent pregnancy was resilience. The unifying theme of resilience was complemented by 3 identified categories of discourse: community, affirmation of motherhood, and sense of responsibility. The results of this study confirmed the importance of comprehensive pregnancy prevention programs geared to the needs of adolescents who are already mothers. Programs must provide information and support for effective contraception, parenting classes that reinforce the

positive attitudes of young mothers toward their children, and encouragement for the mothers to pursue educational and career goals.

Dedicated to
David, Sam, and Emily
to my mother and my late father
and to my sister, Barb

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I would also like to acknowledge the participants of this study. I thank the five teen mothers who took the time to share with me their thoughts and feelings about a second pregnancy.

I also want to thank my family. My mother, Margaret Day, and my late father, Harry Day, always believed in me. My children, Sam and Emily, provide inspiration and abundant love and cheer as they pursue their lives. And finally, to my husband, David, who has been beside me throughout this and many other endeavors, a special thanks for his continuing love and support.

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Chapter I

The Research Problem

Despite a decrease in recent years, adolescent pregnancy in the United States remains widespread. While the number of repeat pregnancies in teenagers has declined, this phenomenon remains a significant social problem. In 1997, approximately 90,000 American teens gave birth to a second child (National Center for Health Statistics [NCHS], 1998 News Release). Of those women who had a first baby before the age of 17, almost one in three gave birth to a second child within 24 months (“Social Science and the Citizen,” 2000). Not only is repeat adolescent pregnancy a widespread phenomenon, but it also has serious outcomes for the mother and baby and significant ramifications for society. Despite the continuing high number of repeat adolescent pregnancies and the negative consequences of a second birth, the United States continues to focus pregnancy prevention efforts on never pregnant teens through a message of abstinence. While this is an important component of pregnancy prevention efforts, it is by no means clear that this approach addresses the needs of teens who are already mothers. In addition, much of the research concerning repeat adolescent pregnancy focuses on demographic, psychosocial, and health-related factors. Currently, there are relatively few studies in which the researcher attempts to understand a repeat pregnancy from the teen mother’s perspective. The purpose of this study was to contribute to an understanding of repeat adolescent pregnancy by describing it from the perspective of the teen pregnant with a second child.

Establishment of the Problem

Repeat adolescent pregnancy is widespread. In addition, repeat pregnancies have serious consequences for the mother and baby. They are high risk with respect to medical complications. Babies born of teen mothers are twice as likely to be low birth weight (<2500 grams), almost three times as likely to experience neonatal death, and are more likely to be born prematurely than infants born to older mothers. Long term, they have an increased risk of developmental delay, academic difficulties, behavioral problems, and substance abuse. Teen mothers are more likely to have a maternal death, pregnancy induced hypertension, and anemia (American Academy of Pediatrics). A repeat pregnancy exacerbates these negative consequences (Alan Guttmacher Institute [AGI], 1994). Repeat adolescent pregnancy also has psychosocial ramifications for the mother. Teens who are pregnant for a second time are less likely than their peers to finish their education and are more likely to experience reduced job opportunities (AGI, 1994).

Repeat adolescent pregnancy also has consequences for society. Adolescent women living in poverty account for a large proportion of those who give birth in their teens. Teen mothers are more likely to have their births paid for by Medicaid and, as they raise their children, they are more likely to receive Aid to Dependent Families. Those who have a repeat pregnancy are even more likely to be welfare dependent (AGI, 1994). Additionally, “a large proportion of women who begin childbearing as teenagers eventually end up on welfare, and those who do tend to need assistance for a long period of time” (AGI, 1998). Thus, adolescents who live in poverty are more likely to become teen mothers, and their motherhood is then likely to perpetuate this poverty.

A growing number of researchers have explored factors related to repeat adolescent pregnancy. Several investigators examined demographic variables. Kalmuss and Namerow (1994) reported that there were more repeat births within 24 months among younger teenagers than older ones. However, other studies have not substantiated this positive correlation between first pregnancy at a young age and a repeat pregnancy within 24 months (Coard, Nitz, & Felice, 2000; Manlove, Mariner, & Romano Papillo, 2000; Matsuhashi, Felice, Shragg, & Hollingsworth, 1989). Kalmuss and Namerow (1994) also determined that black and Hispanic women were more likely to become pregnant again within a short time period. Ethnicity as an influence on repeat adolescent pregnancy was substantiated in a study by Stevens-Simon, Kelly, & Singer (1999), but Matsuhashi, et al. (1989) did not find this correlation. In the literature reviewed for this study, repeat adolescent pregnancy was most consistently correlated with lack of school attendance and limited academic success (Bull & Hogue, 1998; Coard et al., 2000; Kalmuss & Namerow, 1994; Manlove et al., 2000; Matsuhashi et al., 1989; Stevens-Simon et al., 1999).

Bearing a second child during adolescence is strongly correlated with a low socioeconomic status and dependence on government programs. This association is so pervasive that most of the studies reviewed for this research utilized a sample drawn from this population (Bull & Hogue, 1998; Coard et al., 2000; Stevens-Simon et al., 1999; Stevens-Simon, Kelly, Singer, & Nelligan, 1998). In their study of subsequent childbearing, Kalmuss and Namerow (1994) used data from the National Longitudinal Survey of Youth. Their research substantiated the strong correlation between economic disadvantage and a second birth during adolescence. The association between low socio-

economic status and a second baby is not, however, correlated with higher levels of sexual activity among poor teens. Levels of sexual activity are substantially the same across economic lines, but higher-income teens are more likely to use contraception effectively and much more likely to obtain an abortion than those who are poor. Therefore, childbearing in adolescence is more concentrated in economically disadvantaged teens (AGI, 1998).

An additional influence on repeat adolescent pregnancy is the relationship between the teen mother and significant people in her life. Subsequent pregnancy also is affected by the teen mother's family structure. In a study by Matsushashi et al. (1989), only 20% of teens pregnant with a second child lived with both parents. Bull & Hogue (1998) found that "repeated childbearing appears to occur within the context of poor parent-child relations" (p. 42). The researchers also determined that repeat adolescent pregnancy was influenced by the peers of teen mothers. In their study they described several teen mothers whose friends influenced them to have a second child. Several researchers discovered that the fathers of these children were older than the mothers and frequently were not teenagers themselves. In addition, these fathers tended not to be involved in the day-to-day care of their child (Bull & Hogue, 1998; Matsushashi et al., 1989).

Several researchers examined contraceptive use and its relationship to repeat pregnancy in adolescents. Use of the contraceptive implant was found to decrease the rate of subsequent pregnancy (Coard et al., 2000; Stevens-Simon et al., 1999). However, in the study by Stevens-Simon et al. (1999), many teens who used the contraceptive implant in the first six months after the birth of their first child subsequently had their implants

removed and had a second child. These researchers suggested that in focusing on the benefits of pregnancy prevention, they did not adequately consider the perceived benefits of having a second child for a particular teen. Stevens-Simon et al. (1998) studied reasons for the lack of contraceptive use among teen mothers. They found that those teens who were not motivated to avoid pregnancy or who were worried about the side effects of contraception were less likely to use contraception after their first birth and thus more likely to become pregnant again than those who reported an inability to access services or insufficient education about contraception.

Finally, it is important to examine the question of intention as it relates to subsequent teen pregnancy. Matsushashi et al. (1989) examined 150 teen mothers, 104 pregnant for the first time and 46 pregnant with a second child. The researchers discovered that 44% of the second time mothers reported wanting to have another child. Bull and Hogue (1998) also found evidence of this “intendedness” in focus group discussions which they conducted with teenagers pregnant with a second child.

Significance to Nursing

As primary care providers, many nurse practitioners care for adolescent girls. While supporting primary pregnancy prevention efforts when appropriate, nurse practitioners need to expand their practice to address the needs of teens who are already mothers. In order to provide effective services to this population, practitioners must develop an understanding of the health needs of this group. Efforts to care for teen mothers must take into account how these young women view a repeat pregnancy.

This investigation explored the thoughts and feelings of teen mothers pregnant with a second child. The resultant description of repeat adolescent pregnancy provided an

understanding that helps health providers care for these young women. In addition, nurse practitioners and other nursing leaders are in a unique position to address community and national health issues. The information provided by this research contributes to an informed approach when confronting the issue of repeat adolescent pregnancy.

The theoretical foundation for this study was David Elkind's Developmental Model of Adolescence. The investigator used Elkind's framework to explore the concept of repeat adolescent pregnancy. The results confirmed the value of studying adolescent health issues within this developmental context. Additionally, this study contributed to the growing body of qualitative nursing research. Nurses have used qualitative methods to study broad concepts such as caring and quality of life. This study used descriptive methods to illuminate the experience of teenagers pregnant with a second child. The results reinforced the value of the qualitative approach in nursing research. In addition, the study broadened the scope of research about teen pregnancy to include a description of the phenomenon from the point of view of the teen mother.

Nursing education, rather than focusing exclusively on specific tasks, should also provide instruction on a holistic, patient-centered approach to nursing care. Qualitative studies such as this provide students with a way of understanding health care issues from the patient's point of view, thus paving the way for a more holistic approach.

Theoretical framework

The theoretical framework for this research was David Elkind's conceptualization of adolescence and its place in current American society. According to Elkind (1998), adolescence not only encompasses a specific time within the life span but also denotes a distinct developmental period. During this developmental phase, adolescents begin to

think in a new way; they develop the ability to think at a higher, more abstract level than children. In his book, All Grown Up and No Place to Go (1998), Elkind described eight aspects of adolescent thought:

1. The power of symbolism. Teenagers understand and enjoy puns, allusions, and word play. Because of this, slang becomes important.

2. Idealism and cynicism. Adolescents see beyond the real and the immediate to the possible and the future, so they are able to recognize the hypocrisy of national leaders and the shortcomings of their parents.

3. Argumentativeness. Teenagers no longer see things in black and white, but in shades of gray and they use logic to substantiate their arguments. They also enjoy practicing this new skill and sometimes argue for the sake of arguing.

4. Self-consciousness. Adolescents think about what goes on in their minds and the minds of others and because of this, they develop self-consciousness. They assume that everyone around them is preoccupied with the same subject that engrosses them: namely, themselves. Elkind labels this belief that everyone is watching you and is concerned with your behavior and appearance the “imaginary audience.”

5. Specialty and Invulnerability. Teenagers think of themselves as special and different. Elkind calls this the “personal fable.” It works in both positive and negative realms. On the positive side, a teenager thinks his or her personal dreams will come true. On the negative side, a teenager will engage in risky behavior thinking nothing bad will happen to him.

6. Pseudostupidity. Teenagers have trouble making decisions. Because of their increased mental ability, they can see and keep in mind many possibilities and so are sometimes slow to make decisions.

7. Apparent hypocrisy. Adolescents can visualize the ideal and even express it, but they don't appreciate the difference between the expression of an ideal and the effort and self-denial involved in working towards its realization. This makes them appear hypocritical.

8. Personal religion. Finally, teenagers change the way they view religion. They develop a more personal relationship with God. They become aware of the trappings of structured religion and see the difference between that and how they feel personally about God. They may drift away from the church of their childhood while they are developing this more personal relationship.

Of particular note to repeat adolescent pregnancy is the concept of a personal fable, the myths adolescents construct about themselves and their lives. In one of these myths, adolescents believe that the negative consequences of risky behavior will not affect them. This aspect of adolescent thought allows young adolescent women to engage in unprotected sexual intercourse without fear of pregnancy. The young woman with this particular "personal fable" believes others will become pregnant but she will not.

Adolescents also experience frequent changes in their peer culture. The structure of adolescent peer groups change so often that there are always different criteria for being included. Exclusion from the group thus becomes a very real and frightening possibility. In addition, the emotional depth of peer relationships increases. The support of or, conversely, the betrayal by close friends becomes a major source of anxiety for teens.

Finally, romantic relationships are an important part of adolescent culture. The possibility of being disillusioned by a romantic partner or being rejected by that partner becomes a matter of great concern. All of these factors lead adolescents to be deeply involved with their peers and to rely on the peer group for acceptance and validation.

In Elkind's (1998) view, the task of adolescence is to develop a healthy sense of identity and self. He describes two ways in which an individual can construct a personal identity: differentiation and integration, or substitution. In differentiation and integration, teenagers first discover how they are different from others and then how they are the same as others. Once a strong sense of self is developed in this way, it lasts a lifetime. An adolescent who has matured in this way has an inner compass and is able to postpone immediate gratification for long term goals. In substitution, an individual compiles feelings, thoughts, and beliefs appropriated from others. Elkind (1998) labels this the "patchwork self." A teenager who grows in this way has no inner sense of self to fall back on for guidance and direction; rather he or she is easily influenced by others and must look to others for coping strategies. Teens who develop in this way are present oriented and other directed.

Growth by integration is conflictual, time consuming, and laborious. Adolescents need a protected time and space to mature in this way. Elkind (1998) describes the modern era that began in the late 1800s and ended in the mid 1960s as a time when American society and families provided this time and space. Adolescence was considered a period of transition. Viewing young people as still immature, society supported and protected them. In contrast, society and parents in the current postmodern era regard adolescents as mature and no longer provide the same level of guidance. Consequently,

many teens lack the support they need to mature in an integrated way. Elkind (1998) discusses several institutions that have changed in how they regard adolescents. The structure of the family has changed from a predominately nuclear pattern to what Elkind (1998) calls the “permeable family.” There is an increase in both single parent and mixed families as well as in families where both parents work outside the home. Consequently, the adolescent’s role within the family has shifted. Rather than being supervised and guided, teens are often expected to assume a maturity they do not possess. Schools, which used to be places of safety and community for teenagers, have become large and overwhelming. Frequently, they are places of fear and violence. Media of all kinds bombard adolescents with messages of violence and sexuality without describing the consequences of high risk behavior. Finally, the traditional rites of passage which demarcate the transition from childhood to adolescence and then to adulthood have become nebulous. Elkind (1998) labels this change “vanishing markers” and he describes how developmental stages have become fluid because of it.

Because there is no safe and protected place for adolescents, many more of them than previously have a “patchwork self” and are vulnerable to outside influences and stress. This results in what Elkind (1998) describes as the “new morbidity” among adolescents which includes an increase in suicide, substance abuse, and violence. It is also manifested in an increase in adolescent sexual activity and teen pregnancy.

Statement of the Problem

Repeat adolescent pregnancy remains a significant social problem for the United States. There is a large body of research that addresses demographic, psychosocial, and health factors related to this phenomenon. However, there are relatively few studies in

which the researcher talks directly with pregnant teen mothers in an effort to understand a repeat pregnancy from their perspective. Therefore, this research was a qualitative study which described the thoughts and feelings of teen mothers pregnant with a second child.

Research Question

The following research question guided the study: What do adolescent girls think and feel about their second pregnancy?

Definition of terms

The following definitions were used in this research:

1. Adolescent girls: Theoretical: Adolescence is the “stage of maturation between childhood and adulthood.” It begins at puberty and ends at adulthood which is “generally defined as the time when individuals begin to function independently of their parents” (Funk & Wagnalls New World Encyclopedia, 2000). Operational: In this study, adolescent girls were limited to those between the ages of 15 and 19 who received prenatal care at a designated clinic in a southern state.

2. Second pregnancy: Theoretical: Second pregnancy is “the condition of containing unborn young within the body” with reference to a female who has previously been pregnant. Idiomatically, it is the condition of “expecting” a second child (Webster’s Collegiate Thesaurus, 1988, p. 572). Operational: This study limited the definition of second pregnancy to those teen mothers who have born and are raising a child and are expecting a second child within two years of the delivery of their first. It excluded teens who have had spontaneous or elective abortions or who have given a child up for adoption.

Summary

In conclusion, repeat adolescent pregnancy is a significant problem with serious ramifications. Many researchers have explored factors related to a subsequent pregnancy in teens. This study focused on a description of a second pregnancy from the perspective of the pregnant teen mother.

Chapter II

Review of Literature

Adolescent pregnancy in the United States remains a significant social issue with serious ramifications. Much attention has been directed at never-pregnant teens and the effort to prevent first-time pregnancies. There has been less emphasis on preventing pregnancy in adolescents who are already mothers even though teens who become pregnant again soon after the birth of their first child are likely to differ from those who do not. This relative lack of research directed at repeat adolescent pregnancies was the focus of a study by Coard, Nitz, and Felice (2000) who evaluated teenage girls who became pregnant a second time. The specific purpose of their study “was to examine the relationship of sociodemographic, family, and health factors to the occurrence of repeat pregnancy by 12 and 24 months postpartum in a clinic sample of urban adolescent mothers” (Coard et al., 2000, p. 194). The following two hypotheses were proposed:

1. Sociodemographic factors such as education and age have a negative association with a subsequent pregnancy.
2. Those factors which have a positive association with repeat pregnancy are negative family characteristics and less effective use of birth control.

Coard et al. (2000) employed the ecological model described by Urie Bronfenbrenner in The Ecology of Human Development: Experiments by Nature and Design (1979) as the theoretical foundation for their study. Bronfenbrenner presented a framework for understanding the interaction of individuals with social systems. The

researchers used this framework to identify the factors related to a repeat pregnancy in adolescents.

The researchers defined repeat pregnancy as a second pregnancy within 2 years of delivery of the first baby. Two strata were identified: 12 months and 24 months postpartum. Adolescent mothers were operationally defined as those between 13 and 17 years of age at the birth of their first child. Sociodemographic variables included the education level of the adolescent and her mother, whether or not she was in school, and the number of persons in the household. Family characteristics included the perceived support of the adolescent's mother and of the baby's father. Other variables were identified as follows: use of medroxyprogesterone or progesterone implants, consistent use of other methods of contraception, maternal age at time of birth of first child, and number of lifetime miscarriages.

Coard et al. (2000) implemented this longitudinal study using a sample drawn from first-time mothers who received care for themselves and their babies at a clinic located in a university-based medical center in an urban area. This clinic specifically targeted adolescent mothers and provided routine physical care as well as interventions to improve parenting skills and promote positive outcomes for the adolescents and their babies. Initial data were collected between 1 and 16 weeks postpartum and follow-up information was obtained at 12 months and 24 months postpartum. Eighty mothers were recruited and 66 were still participating at the 24 month mark. The mothers were predominantly African-American (92.5%) with a mean age of 15.96 years and 80% attended school. Data were collected from interviews and a 50-item questionnaire which identified sociodemographic, family, and health information. The major demographic

variables of age, race, and school achievement were similar in participants and in clinic patients who were not part of the study. Repeat pregnancy information was obtained from medical records. Relationships between the variables were calculated using summary statistics, point biserial correlation coefficients, and chi-squares.

The researchers found that the only significant variable associated with repeat pregnancy within the first 12 months was contraceptive method ($\chi^2 = 12.66$, $p < .05$). None of the other variables had a significant relationship with a subsequent pregnancy during the first year. During the second postpartum year, four variables were associated with a repeat pregnancy: contraceptive use ($\chi^2 = 7.81$, $p < .05$), contraceptive method ($\chi^2 = 7.79$, $p < .05$), maternal age ($r = .26$, $p < .05$), and a history of miscarriages ($r = .26$, $p < .05$). The researchers did not find a correlation between family characteristics and a repeat pregnancy. The repeat pregnancy rate among this sample of teen mothers was 17.5% in year 1 and 34.8% in year 2. Of the teen mothers who consistently used contraception in the first 16 weeks postpartum, 76% had not had a subsequent pregnancy by the second postpartum year. Early use of medroxyprogesterone or progesterone implants resulted in a repeat pregnancy rate of 4.9% in year one. Teen mothers who used this method accounted for 60% of those who did not have a repeat pregnancy in year 2. Those who used oral contraceptives had a constant repeat pregnancy rate of 25% while the rate among condom users was 46% in year 1 and 67% in year 2. Of the mothers who were 16 or older at the time of their first birth, 39% had a second birth by the second postpartum year. Finally, teen mothers who had one or more miscarriages experienced a 21% rate of repeat pregnancy in the second year.

Coard et al. (2000) concluded that use of the contraceptive implant significantly reduced repeat adolescent pregnancy in the first and second postpartum year. Consistent use of other contraceptive methods in the early postpartum period (1 to 16 weeks) was also negatively related to a subsequent pregnancy. While other research has shown that teens under 17 are more likely to have a repeat pregnancy, Coard et al. (2000) found that older adolescents were more likely to have a second birth. Finally, the more lifetime miscarriages a teen mother experienced, the more likely she was to experience a repeat birth.

As a result of their findings, Coard et al. (2000) stressed the importance of providing contraceptive services to adolescent mothers early in the postpartum period and of monitoring their effective use of contraception. In addition, the researchers recommended that counseling be offered to adolescent mothers who have experienced a miscarriage. Because of the cultural implications inherent in the population which they studied (urban and predominately African-American), the researchers suggested that future research examine the role perception of adolescents as it relates to repeat pregnancy.

As noted in the previous study, ineffective contraceptive use among sexually active adolescents has been identified as a major determinant of repeat adolescent pregnancy. Numerous programs have been developed that purport to improve the capacity of adolescents to use contraceptive methods as well as increase the motivation to postpone pregnancy. However, even in these programs repeat adolescent pregnancies persist. Stevens-Simon, Kelly, Singer, & Nelligan (1998) focused on this concern in a study to determine the reasons teen mothers gave for inconsistent contraceptive use prior

to their pregnancy. The purpose of the study by Stevens-Simon, et al. (1998) was to discover what factors in the lives of teen mothers were most difficult for health care personnel to modify in order to determine why programs to prevent repeat pregnancy so often fail. The hypothesis stated that adolescent mothers who reported not using contraception because of knowledge deficits or access barriers were less likely to have a subsequent pregnancy than those who reported a lack of motivation to avoid pregnancy or expressed concern about the side effects of contraception.

The researchers conducted a longitudinal, descriptive study using a sample consisting of 198 teens who were participating in the Colorado Adolescent Maternity Program. This program offered comprehensive prenatal, delivery, postnatal, and infant care to teen mothers and tried to eliminate many of the barriers to care by making visits affordable and convenient. Services focused on preventing a subsequent pregnancy by emphasizing effective use of contraceptives, attendance at school, and career counseling. Participants in the study were between the ages of 13 and 18, came from a low socio-economic group, and were racially diverse. Teens who reported pregnancy as a result of rape or violence were excluded from the study as were those who had a preterm delivery. The researchers followed the group of teens from the third trimester of pregnancy until 18 months postpartum. Eighty-three percent ($n = 165$) of the 198 teens finished the study.

A self-administered, researcher-developed questionnaire was used for data collection. The questionnaire consisted of 21 variables which were related to the social context of the pregnancy, the reproductive and sexual history of the teen mother, and her future plans regarding childbearing and contraception. The researchers particularly focused on the following factors that have been associated with teen pregnancy in the

literature: sociodemographic factors such as age, race, marital status, living arrangements, and socioeconomic status; psychosocial factors such as school attendance, family support, depression, age of the father of the baby, and substance abuse; and reproductive factors such as previous stillbirths or miscarriages and inadequate plans for contraceptive use in the future. The questionnaire also elicited information regarding the use of contraception prior to the current pregnancy. Participants were asked to indicate all of their reasons for inadequate contraceptive use. The researchers then developed three constructs that accounted for most of the stated reasons: lack of capacity to use contraception, fear of contraceptive side effects, and lack of motivation to use contraception. Based on a review of the literature, the researchers designated the two concepts of fear of side effects and lack of motivation as more difficult for health care personnel to modify than lack of capacity to use contraception.

Stevens-Simon et al. (1998) used the three constructs of lack of capacity to use contraception, fear of contraceptive side effects, and lack of motivation to use contraception as the basis of their study. Lack of capacity to use contraception included a teen's lack of knowledge about birth control and the inability to obtain contraceptive services. This construct also included the added factors of an adolescent's emotional and cognitive level as an indicator of the inability to use contraception. Because teens often consider themselves immune from pregnancy and may hesitate to admit to themselves that they are sexually active, they may lack the capacity to use contraception. Many adolescents identified concern about the side effects of birth control methods as a significant factor in their non-use. Based on a review of the literature, the researchers predicted that concern about side effects would be difficult to modify. The construct, lack

of motivation to use contraception, included the ambivalent feelings of some adolescents regarding childbearing and suggested that negative feelings about pregnancy must reach a certain level before action is taken to avert it. Because this ambivalence is rooted in the lives of teenagers, the researchers argued that extensive social change would be necessary to modify a lack of motivation to use contraception.

Stevens-Simon et al. (1998) administered the initial questionnaire to study participants in their third trimester. A similar questionnaire was completed every 6 months until the eighteenth postpartum month. The postpartum questionnaire contained questions about contraceptive use in the previous six months and a Likert scale rating how the teens and their boyfriends would feel if they became pregnant. Participants were classified as effective or ineffective contraceptive users; effective contraceptive users were defined as those who reported no unprotected sex within the previous six months. Once a teen became pregnant again, participation in the study stopped.

The researchers analyzed their results by dividing the participants into two groups: those with easier to modify reasons for lack of contraceptive use (group one); versus those with harder to modify explanations (group two). Eighty-nine percent (138 out of 165) fit the first group while the remainder ($n = 27$) constituted the second group. The teens in both groups stated similar contraceptive plans, with 89% in group one and 85% in group two planning to use highly effective hormonal methods (Norplant, Depo-Provera, and oral contraceptives). However, a comparison of the two groups in the postpartum period demonstrated a difference in the practices of the two groups. Reported contraceptive use and the occurrence of a repeat pregnancy were compared at 6 month intervals. Those teens in group one were significantly more likely to report 100% use of

an effective birth control method and were only half as likely to have conceived again. These differences in contraceptive use and pregnancy increased throughout the postpartum period. Both groups reported that they and their boyfriends wanted to postpone pregnancy. In addition, the two groups stated similar reasons for ineffective contraceptive use. The two most frequent explanations, "I'm not planning to have sex" and "I don't like the side effects of birth control" (Stevens-Simon, et al., 1998) accounted for over half of the reasons given.

Bivariate and multivariate analysis were used to discover statistical differences between the two groups relative to common demographic and psychosocial factors. The bivariate analysis demonstrated that teens in group one (those with easier to modify reasons for lack of contraceptive use) were more likely to be younger (16.2 ± 1.3 vs. 16.7 ± 1.0 years; $p = < .02$); less than 16 years old (40.6% vs. 18.5%; $P = .03$); attending school (73% vs. 41%; $P = .001$); and living with someone other than a boyfriend (25% vs. 48%; $P = .02$).

Multivariate analysis which controlled for the three variables of age, school attendance, and cohabitation with a boyfriend were found to support the hypothesis. The three factors of young maternal age, school attendance, and at least one easier to modify reason for lack of contraceptive use were shown to be significant independent predictors of effective contraceptive use and decreased pregnancy in the postpartum period. A logistic regression analysis found that two factors were significantly independent risk factors for a repeat pregnancy--not being enrolled in school and citing only a difficult to modify reason for ineffective contraceptive use preceding the index pregnancy.

Although the repeat pregnancy rate among the participants was only 20% compared to a 30-50% rate nationally, the rate was significantly higher among the subgroup of teens who attributed their lack of effective contraception before their first pregnancy to concerns about side effects or a lack of motivation to avoid childbearing. Forty-one percent of the 16 teen mothers in this group experienced a repeat pregnancy. This finding supported conclusions from other studies that “knowledge-based sex education and vocational opportunity programs and neighborhood family planning clinics help motivated teenagers to postpone childbearing but are not effective with those who do not already feel that the benefits of contraceptive use outweigh the risks of conception” (Stevens-Simon et al., 1998). Based on this finding, the researchers recommended the adoption of new strategies to address the needs of the subgroup of teens who are not motivated to use birth control.

The findings of this study supported the hypothesis that, even with the provision of comprehensive health care supporting pregnancy prevention, “efforts to modify concerns about contraceptive side effects and the lack of motivation to postpone childbearing were significantly less successful than were efforts to eliminate knowledge deficits and access barriers” (Stevens-Simon et al., 1998). The results supported other studies that suggest that one of the common reasons women stop using highly effective hormonal methods of birth control is because of concern about side effects.

Stevens-Simon et al. (1998) presented three primary reasons why teens did not consistently use birth control after delivery: (1) not liking the side effects of contraception, (2) planning to abstain from sex, and (3) not having a strong motivation to

postpone another child. The researchers concluded that addressing these three concerns could significantly reduce the number of repeat adolescent pregnancies.

The final conclusion of this study summarized the researcher's assessment of current pregnancy prevention programs. Such programs were established to provide teens easy access to contraceptive services and to increase teens motivation to prevent pregnancy. Programs appear to have been successful in decreasing pregnancy in those teens who lacked the means for contraceptive use. However, few programs have been successful in meeting the needs of teens who do not have the motivation to prevent a repeat pregnancy.

While many of the programs directed at adolescents who are already mothers have had inconsistent success, one program which has been successful was developed and evaluated by Solomon & Liefeld (1998) who used a family support center approach to target repeat pregnancies and school drop out rates among disadvantaged adolescent women. Solomon & Liefeld (1998) evaluated whether a comprehensive, single-site program could successfully stop the cycle of poverty among a group of poor, inner city, unwed teen mothers.

The Family Growth Center (FGC), the focus of the study by Solomon & Liefeld (1998), used "an ecological model that recognized the contexts of family and neighborhood as two of the most important influences on an adolescent's life" (p. 140). The goals of the program were to provide services to the teen mother within the context of her family and neighborhood. Social support and education were provided by case managers with an emphasis on improving the growth and development of both mother and child. School achievement and parenting skills were emphasized. In addition,

recreational opportunities were offered by the center. A close link to the local university medical center was part of the design in order to facilitate medical care. Essential components of the program included the following: the establishment of rapport through early contact with the pregnant teen, inclusion of the teens' family network, parenting groups emphasizing issues, and support of the community.

Pregnant teens living within designated high risk neighborhoods in inner-city Pittsburgh were recruited for the study while attending the university medical center prenatal clinic. Those teens with little or no prenatal care were recruited while their babies were in the newborn nursery. Eighty-eight mothers and babies were initially part of the study. Mother/baby couples were assigned to either the intervention or the control group based on their zip code. Those living in the neighborhood serviced by the FGC pilot project became the intervention group while those living in adjacent neighborhoods were assigned to the control group. This non-random assignment was necessary in order to preserve the neighborhood component of the FGC program. Initially, 49 mothers became part of the group while 39 were assigned to the control group. There was an attrition rate of 28% (n=25) leaving 34 teen mothers in the intervention group and 29 in the control group. Initial demographic and psychosocial information was collected including age, race, socioeconomic status, family functioning (measured by the Family Apgar), attitudes toward raising children, and depression. The mothers and babies in the intervention group received comprehensive services from the FGC including coaching while still in the hospital, frequent home visits, classes and support groups, transportation via van, and referrals to meet educational, health, daycare, and other needs. Phone calls were made to the control group to encourage them to access health services and to collect

information. The mother-child interaction of both groups was evaluated at 12 and 18 months postpartum through visits to the university clinic.

The intervention, control, and attrition groups did not differ significantly in demographic or psychosocial factors. Socioeconomic status, age, and most initial assessment data were similar. However, the control group had significantly more non-minority mothers ($n=34$) than the intervention group ($n=14$) or the attrition group ($n=19$). The attrition group had a significantly lower score on the Beck depression scale, although none of the groups showed either mild or moderate depression. In addition, the attrition group reported more family support than the other two groups.

Data on school attendance were analyzed at two separate times using the Chi-square test. At the time of the first test, significantly fewer of the intervention group mothers had dropped out of school than control group mothers (9% versus 42%, $p = .02$.) This trend continued in the second test, with 6% of the intervention group mothers leaving school versus 28% of the control group ($p = .06$). The analysis of the rate of repeat pregnancies, defined as a pregnancy occurring after a short interval, demonstrated a significant difference between the two groups. At the time of test one, intervention group mothers had 3 repeat pregnancies (less than 10%) while the control group experienced 11 repeat pregnancies (38%, $p = .006$). Significant differences between the groups were also reported with Time 2 data analysis ($p = .020$). The intervention group experienced 7 repeat pregnancies (21%) while the mothers in the control group had a total of 21 repeat pregnancies (48%).

The results of this study indicated that the ecological, family centered model used by the FGC was effective in reducing repeat pregnancies and fostering school attendance

among the adolescent mothers it served. While the study did not isolate which factors contributed to the success of the FGC program, several aspects of the program were emphasized by the staff. A large emphasis was placed on providing family planning services and on encouraging mothers to remain in school. Prior to institution of the FGC, medical services were difficult to access and social services were fragmented. The provision of a van greatly improved compliance with medical appointments. Staff at the center were readily available to counsel and support teen mothers as well as to direct them to services not immediately available. Teen mothers reported that the most important aspects of the program to them were “their caseworker’s care and availability, help with obtaining social services, availability of daycare, and recreational programming” (Solomon & Liefeld, 1998, p. 143). Two other factors were identified by the researchers as particularly important to the success of the program. Teen parenting classes and group meetings emphasizing the growth and development of children reinforced the positive change initiated by individual case workers. In addition, the FGC became a community resource serving as a center for recreational activities. A feeling of community developed thus decreasing the isolation of the teen mothers.

While the results of this program were promising, Solomon & Liefeld (1998) identified two problems in the design of the study--selective assignment of participants and a high attrition rate. The lack of random assignment was necessary to maintain the neighborhood aspect of the program. The groups were similar in most aspects, but were different in racial composition and in place of residence. As stated previously, the intervention group had more minority participants than the control group. Based on national statistics, this should have biased the results toward the control group rather than

toward the intervention group as was actually the case. While no specific neighborhood differences were identified, Solomon & Liefeld (1998) speculated that cultural or religious differences could have biased the results.

The high attrition rate was identified by the researchers as another possible source of biases. Because of the large number of original participants moving from the neighborhood, it was not possible to track those who left the study. The researchers recommended that future studies assess the reasons for dropping out of the study and the outcomes for those mothers who did not continue their participation. Solomon & Liefeld (1998) also identified the lack of documentation determining which factors were responsible for the positive outcomes as an additional limitation of the study. The researchers recommended that future studies analyze which elements of the comprehensive program were most effective.

Solomon & Liefeld (1998) also offered a cost-benefit analyze of the FGC program. They calculated the cost of intervention at \$3000-\$3500 per year per family. According to the researchers, figures from the Center for Population Options estimated the cost of raising a child on welfare to be \$30,000 per year. The savings from this measurement alone amounted to \$240,000 (calculated on the basis of eight fewer repeat pregnancies in the intervention group). In addition, there were quality of life benefits to the teen mothers who increased their educational level and limited subsequent pregnancies that were not analyzed in the study.

The researchers identified five important implications from the results of their study and made the following recommendations:

1. The adoption of an ecological model for programs targeting teen mothers rather than the current medical model.
2. The use of a comprehensive array of services which builds on already available support systems while providing those which are not available.
3. The adaptation of a community developed and flexible program to other neighborhoods.
4. The identification of a variety of funding sources including public and private resources.
5. The evaluation of programs in order to document their effectiveness.

Gillmore & Lewis (1997) used a different approach to study factors associated with a repeat pregnancy in adolescence. These researchers noted that much of the research on repeat pregnancy concentrated on demographic factors or on evaluating existing programs. In addition, those studies that examined other variables related to repeat adolescent pregnancy did not provide an adequate model to comprehend the phenomenon. To address this lack, Gillmore & Lewis (1997) conducted an event history analysis of longitudinal data on pregnant adolescents to examine both proximal and distal determinants of subsequent pregnancies. The purpose of the research was to identify distal variables which placed teens at high risk for a subsequent pregnancy in order to help policy makers develop effective strategies to delay or prevent a second birth.

The study sample was composed of unmarried, pregnant or parenting teens living in a large urban area in the northwestern United States. All of the adolescents planned to complete their pregnancies and were 17 years of age or younger. Participants were recruited from alternative school programs, prenatal clinics, other social service agencies,

and through advertising. Two hundred and forty-one teens completed the initial interview. The data reported in this study were taken from interviews with the 170 participants (71%) who were pregnant with their first child. The average age was 15.9 years. The ethnic mix was 49% Caucasian, 29% African American, and 22% other. This racial mix was similar to the racial composition of the area. Thirty-three percent of the teens were no longer in school. Most of them lived with at least one parent (74%) and were financially dependent on their parents (65%). The attrition rate for the study of primiparous teens was low and ranged from 0% (at 18 months postpartum) to 3% (at 6 months and 12 months postpartum).

Gillmore & Lewis (1997) used three indicators to measure proximal factors believed to be related to a rapid repeat pregnancy in adolescents: frequency of sexual intercourse, use of birth control, and breastfeeding. Breastfeeding was included as an indicator because of its possible effects on fertility.

The researchers used problem behavior theory and a social development model to identify distal indicators of repeat teen pregnancy. Problem behavior theory postulates that problem behaviors seen in adolescents such as drug abuse, delinquency, school difficulties, and pregnancy are related and are part of a syndrome of problem behavior. Gillmore & Lewis (1997) argued that a repeat adolescent pregnancy was even more likely than a first teen pregnancy to be a manifestation of a problem behavior syndrome. The social development model views the problem adolescent from a slightly different perspective. This model identifies a social bond and commitment to conventional mores which serve to inhibit problem behavior. Those adolescents who become a part of a deviant peer group that rejects conventional values are more likely to exhibit problem

behaviors including repeat pregnancy. Gillmore & Lewis (1997) used the following variables to measure problem behavior: trouble in school, use of drugs, delinquency, and fighting. Measurements of social development included associations with peers, identification with the social order as evidenced by school attendance, and family bonding. In addition, the researchers measured several other constructs not derived from the theoretical framework: relationship with a partner, the experience of childbirth, the intention to have another child and the two demographic factors of age at first birth and ethnicity.

Gillmore & Lewis (1997) analyzed their data using event history analysis which is “a statistical method for modeling the occurrence of events” (p. 542). Event history analysis allowed the researchers to measure variables that changed over time and to use the variables in their model at the appropriate place. The researchers used the Bayesian Information Criterion (BIC) to construct a model of repeat adolescent pregnancy. BIC can be calculated from data generated by conventional software programs. The use of BIC allowed the researchers to develop and test various models of repeat adolescent pregnancy and to select the model with the best fit.

Gillmore & Lewis (1997) developed several models of repeat adolescent pregnancy. They began by using only proximal indicators to estimate a univariate model. Next the researchers chose those variables that showed a univariate relationship, constructed a multivariate model for the proximal factors, and then tested a multivariate analysis using distal indicators and excluding proximal factors. The researchers then developed a final, multivariate model using both proximal and distal factors. Finally,

“they conducted an exploratory analysis to examine the effects of adding other variables to the model to ensure that [they] had the best model” (Gillmore & Lewis, 1997, p. 542).

The multivariate analysis of proximal factors demonstrated that frequency of intercourse (BIC – 16.2) and consistent use of contraception (BIC – 36.49) were significantly related to repeat adolescent pregnancy. The two factors taken together were the most reliable predictors (BIC – 43.88). Breastfeeding was found not to be related to a subsequent pregnancy (BIC 5.88). The model using only distal indicators found the following factors to be associated with repeat adolescent pregnancy: “a history of school problems, drug use, fighting, longer relationships with boyfriends, best friends becoming pregnant, intentions to become pregnant, and minor delinquency” (Gillmore & Lewis, 1997, p. 542). The final multivariate model was based on the event history analysis and included the two proximal determinants of contraceptive use and frequency of intercourse as well as the seven distal factors of “school expulsion or suspension, highest level of drug use, fighting that involved hitting, not living with parents, length of relationship, best friend ever pregnant, and age at birth of first child (BIC – 14.62)” (Gillmore & Lewis, 1997, p. 543). The two factors of intention to become pregnant and minor delinquency were found to fit the univariate model, but were not a good fit with the multivariate model and so were not included in the final model. Contrary to many studies, this research did not find a relationship between a repeat pregnancy and race or socioeconomic status. The researchers identified several limitations of the study including the difficulty in establishing the direction of the relationship of several variables, the lack of consensus about how to measure variables, and the fact that data were derived from self-reports.

The results of the study by Gillmore & Lewis (1997) yielded a multivariate model of repeat adolescent pregnancy that supported the theory of problem behavior. The only problem behavior variable excluded from the final model was delinquent behavior. The final model did not support the social development model. Not living with a parent and having a best friend who was pregnant or parenting were the only two variables from the social development theory that demonstrated a fit with the researchers' construct. The results of the research led to the prediction that "younger adolescent primiparas and those who have a history of problem behaviors are most at risk of rapidly repeated pregnancies" (Gillmore & Lewis, 1997, p. 544). The researchers concluded that the prevention of repeat teen pregnancies requires comprehensive services that address the complex needs of adolescent mothers. Not only must programs address socioeconomic and reproductive health needs but also the syndrome of problem behavior and teens' lack of maturity. The ineffective use of contraception by sexually active teens was identified by the researchers as a challenging problem. Gillmore & Lewis (1997) suggested that health care providers emphasize to young teen mothers that delayed childbearing would benefit their firstborn and thus use the concern teen mothers feel for their children as motivation for effective contraceptive usage.

Gillmore & Lewis (1997) identified current barriers to comprehensive care including issues of resource allocation, political factors, and organizational constraints. The researchers stressed the importance of overcoming these barriers in order to implement effective programs to address the complex problem of repeat adolescent pregnancy.

In contrast to the previous studies, Bull & Hogue (1998) used a qualitative design to explore factors unique to a repeat adolescent pregnancy. The focus of their research was the interactions of the teen mother with significant people in her life as well as with social programs and institutions. Variables of interest reflected the teen mother's relationship with her mother, with other family members, with the father of the baby, and with her peers. Interactions between the teen mother and the school system were examined as well as those between the teen mother and the Women, Infants, and Children's (WIC) program. In addition, the researchers included the future aspirations of the teen mother to determine if she had goals other than parenting.

Two questions guided this study:

Are the determinants of repeat childbearing among teens similar to the determinants of a first birth? Should programs to address repeat teen pregnancy and early childbearing have a different structure than programs designed for primary prevention of teen pregnancy and early childbearing? (Bull & Hogue, 1998, p. 43).

The Georgia Department of Human Resources sponsored this research in an effort to address the growing problem of repeat teen pregnancy in that state. A team composed of state public health officials, two researchers, and two focus group moderators designed the study and chose a qualitative method for the investigation. Because of the sensitive nature of the information (i.e., questions regarding the sexual behavior of teenagers), focus groups were used to question the teen mothers. In addition, since little research had been done on teenage pregnancy in the context of the family and few programs involve family members, the team decided to include the mother and/or guardian in separate focus groups. Participants in the Georgia WIC program were chosen as the accessible population because 70% of teen mothers in Georgia were enrolled in this program, thus

affording a large pool for obtaining a sample. In addition, the WIC system allows the parent of a teen mother enrolled in WIC to pick up the food vouchers by proxy, thus providing access to this population.

Participants were recruited by five different WIC offices throughout the state representing a mix of urban and rural areas. Each office solicited participation by telephone and chose a convenience sample of teenage mothers who were currently using WIC services and who had had a child by the age of 17. Similar methods were used to choose a convenience sample of mothers and/or guardians of teenage mothers to form additional focus groups. All but one of the participants in the parent/guardian focus groups were female, reflecting the reality that the majority of these teen mothers lived in households headed by single women. Nine focus groups with a total of 64 participants were formed. Demographic characteristics of study participants (ethnic background, levels of education, marital status, and age range) were compared with non-participant WIC clients in the same five clinics and were found to be similar.

The focus groups were led by two trained moderators. The moderators followed a topic guide developed by the study team which used relevant literature to identify issues which would answer the research questions. Two main themes guided the groups: generating hypotheses that identify determinants of repeat adolescent pregnancy and identifying those people in a teen mother's life who influence her to have additional children.

The focus group sessions were taped and the recordings were transcribed verbatim. Bull & Hogue (1998) used content analysis to evaluate the first sessions. Based on key issues identified from these sessions, the topic guide was refined and additional

sessions were held. Further analysis was performed by using the software, Tally. An open coding process which superimposed codes onto the text and then allowed the codes to be compared across groups was utilized. A second stage, axial coding, followed, in which “the codes were grouped according to their relevance to each other and placed into primary categories with predominant themes, secondary categories to define the speaker, and tertiary categories to identify a particular segment of a theme” (Bull & Hogue, 1998, p. 46). Primary themes were identified both by the frequency with which they were discussed in the groups and also by the intensity of the responses they evoked.

A theme was retained as primary in the content analysis based on a combination of these criteria: that it be supported by statements in multiple focus groups or reflect a particularly powerful emotion relevant to the other data, reflect the variety of direct responses to questions posed by moderators, and reflect an important aspect of teen pregnancy and early childbearing as reported in the literature (Bull & Hogue, 1998, p. 46).

The major findings were presented in relation to the two objectives of the focus groups--identifying hypothesized factors that determine a repeat adolescent pregnancy and discerning key mediators that influence teen mothers to have another child. The teen's parent(s), the father of the baby, her peers, and institutional systems were found to have a significant influence on a subsequent pregnancy. In the realm of the teen mother's relationship with her parent (most typically her mother), three sub-themes were identified: the personal relationship, pregnancy “intendedness”, and care-giving to the child. The researchers determined that the conflicted relationship expected between the teenager and her mother at this developmental level was made even more difficult by the teenager's parenthood. Both teenagers and their mothers expressed difficulty communicating with each other, especially in regard to sexual information and contraception. In addition, many mothers of teenagers expressed a significant amount of

anger surrounding the birth of their grandchild and this may have contributed to the increased difficulty of the relationship. Despite the fact that both the teenagers and the mothers of teenagers stated that birth of a first child and of subsequent children should be delayed until a certain level of maturity is reached, many teenage mothers indicated an intentionality about the birth of their second child. There was a sense among these teenagers that they wanted to go ahead and complete their families before moving on to another stage as well as a desire to provide a sibling for their first child. Analysis of data regarding care giving to the child showed a discrepancy between the perceptions of the teen mothers and their mothers. Each felt that the main burden of care-giving fell to her. However, many of the teen mothers felt that their own mother did not allow them to assume the parenting role as they would like. Bull & Hogue (1998) also noted that the parents of teen mothers felt excluded from services directed at preventing repeat pregnancies and wished to be included in programs involving their daughters.

Information relating to the father of the baby revealed that many of them were not teenagers themselves. Adolescent mothers indicated that the fathers of their children were generally pleased when they got pregnant even though, for the most part, the fathers were only peripherally involved in the care of the child. Both the teenage mothers and their mothers looked to the father of the child for economic support, but did not otherwise include him in the care of the baby.

Analysis from information regarding teenage mothers and their peers showed this relationship providing positive reinforcement for teen pregnancy. Teenagers spoke of the fun of being pregnant and of other friends who also were pregnant or parenting. The teens agreed that current norms within the peer group promote teenage pregnancy almost to the

point where “if you haven’t been pregnant, then you don’t fit in” (Bull & Hogue, 1998, p. 42).

Two institutional systems were discussed, WIC and schools. Teenagers’ experiences with the WIC program were uniformly positive to the extent that their mothers worried that WIC might be inadvertently encouraging them to become pregnant again to stay on the program. Conversely, teenagers had a negative regard for school, often feeling that administrators and teachers were not flexible enough in meeting their needs. However, both teenage mothers and their mothers expressed the importance of completing an education at least through high school in order to find a good job.

Bull & Hogue (1998) concluded that, while not generalizable, findings point to several hypotheses that might be tested regarding repeat pregnancy in teenagers. The researchers suggested that subsequent teenage pregnancies might be promoted by the following: mothers of teenagers who do not resolve their anger at their daughters’ first birth, the assumption by mothers and health care professionals that teenagers know more about sex and contraception than they do, and parents who assume a large part of the childrearing role for their grandchildren. In addition, the intentionality of the second pregnancy in teenagers needs to be studied further. The frustration these adolescents felt regarding school, especially in contrast to the positive influence at WIC, was another important factor that needed to be considered in efforts to reduce repeat pregnancy. Finally, the researchers suggested further studies be directed at the roles the fathers of these babies play in an effort to promote pregnancy prevention behavior among them.

In addition to suggesting further hypotheses, the researchers offered the following concrete suggestions based on their findings: that parents of teenage mothers be included

in pregnancy prevention programs and that schools increase their flexibility regarding performance and standards for teenage mothers. Further, WIC programs in Georgia should consider adding a family planning component to their services.

Most research about repeat adolescent pregnancy focuses on identifying factors related to its occurrence or evaluating existing programs. Very few studies place this phenomenon within a societal context. Lamanna (1999) addressed this lack by studying adolescent pregnancy within a sociological framework. While the study by Lamanna (1999) did not focus specifically on repeat adolescent pregnancy, her model has implications for the understanding of subsequent pregnancy as well as primary pregnancy. Lamanna's (1999) concern was that despite growing economic opportunities for women and increased access to contraceptive services, teen pregnancy remains a significant problem. She used a descriptive qualitative method to examine the discourse of adolescent women surrounding the topics of sexuality, reproduction, and relationships. The research question which guided her study was "why do teen women risk pregnancy in a social context calling for deferred parenthood" (Lamanna, 1999, p. 181).

For this investigation, 63 adolescent women were interviewed and 225 teens participated in focus group discussions. The sample was designed to encompass the factors of race and pregnancy status and included African-American and Caucasian participants as well as those who were pregnant and parenting and those who had never been pregnant. The convenience sample yielded interviews with the following groups of teens: 21 African-American and never-pregnant; 22 white and never-pregnant; 15 African-American and pregnant or parenting; and only 5 white and pregnant or parenting. The cohort of white teens who were pregnant or parenting demonstrated a reluctance to

participate in individual interviews. However, they were a strong vocal force in the focus groups and the researcher believed that this presence compensated for the lack of interview data. Participants were diverse in their socio-economic status. A total of 19 sites were used including public and private schools, church youth groups, programs for teen mothers, and youth recreation programs. Focus group participants were composed of volunteers or already established groups, some of which included males. Lamanna and an anthropologist colleague, both middle-aged, white women, conducted the interviews and focus groups with the assistance of three younger, female graduate students, two Caucasian and one African-American. Interviews lasted 1 to 1.5 hours, were taped, and focused on the life experiences and views of the participants. Focus groups lasted 1 to 2 hours and were general discussions based on hypothetical situations.

To begin analysis of the data, Lamanna read transcripts of the tapes and focus group notes in their entirety to gain a sense of the whole and to allow broad themes to emerge. The researcher then began to focus on the discourse of the adolescents and to understand how “teens use discourse from ‘the modern family,’ psychotherapy, and other cultural resources to give meaning to their everyday life experiences of sex, pregnancy, and parenthood” (Lamanna, 1999, p. 181). Next, four thematic categories of discourse were constructed: Accidental, Pair Bond, Developmental, and Protective. The researcher used a holistic view of the interviews to classify them into one of the four categories. Three of the 63 interviews could not be classified while an additional 3 were classified in multiple categories.

Accidental discourse presented a view of sexual behavior and pregnancy among teens as unplanned and unintentional, events that just happen and are essentially out of

the control of the participant. Teens in this group were oblivious to the risk of pregnancy or entertained a myth of invulnerability. Sex and pregnancy were perceived as passive, not active activities. While not goal-directed, sex and pregnancy were seen as related to the psychosocial needs of young women. Low self-esteem and parental neglect were viewed as factors that influence sexual behavior and predispose young women to early sexual encounters and unwanted pregnancies.

The discourse in the Pair-Bond group consisted of several different themes. One primary construct focused on teen sex and parenting as an effort to build family and placed it in the context of a relationship with a specific man. Even though few of the teens in this study were married, those in the Pair-Bond group transformed the dating/sexual relationship into the beginnings of a family. Most of these young women had been with the same man for an extended period of time and the relationship followed a recognizable time-line which may have been initiated earlier than that accepted in the normative culture, but was nonetheless remarkably similar. Culturally accepted terminology about positive relationships permeated the discourse of these teens who described their boyfriends in language suitable to any serious relationship. In this context, a child became a part of the family and while the timing may not have been as planned, the child was welcomed. "Rhetorically, a teen pregnancy is not a mistake, an unwed pregnancy, or a teen birth; rather, it is family formation" (Lamanna, 1999, p. 185). Although the primary emotional tone of this group was attachment, a minor current of ambivalence and uncertainty was also present in the discourse of these young women. The teen mothers worried about the continuing commitment of the baby's father, even while their discourse centered on the formation of family.

Among African American women in this category, teen pregnancy was an accepted occurrence. This finding substantiated the current construct of an alternate life course for poor young blacks in which early sexual relationships and parenting are not deviant. Young white mothers, on the other hand, viewed early parenthood as a positive decision and a good life choice. Their discourse focused on the benefits to future education and employment of completing their families early and then moving on.

Another theme running through the discourse of the Pair-Bond group echoed the interpretation of teen parenthood as an attempt by young women to give meaning to their lives. In the view of many researchers, young women turn to their babies as a source of love and meaning in a society of dysfunctional families and schools, diminished economic opportunity, and uncertain marital futures. The discourse of the young women in this study did not focus on issues of race, class, or economic disparity. Rather, it focused on the perceived positive aspects of motherhood. Young mothers in this group enjoyed their babies and responded to the pleasurable rewards of parenting. However, Lamanna suggested that “with no real prospects for the nuclear family of 1950s television imagery, some young women turn to a sure source of life satisfaction and purpose” (Lamanna, 1999, p. 187).

A final theme running through the discourse of the Pair-Bond group was taking responsibility for their child and the benefits of motherhood to their own development. These young mothers spoke of “having to deal with it” and viewed parenthood as helping them to mature. “Although policy makers see parenthood as a developmental setback, teen mothers perceive parenthood to have fostered maturation” (Lamanna, 1999, p. 189). While they expect to be responsible for their own children, teen mothers in this study

expected and received help from their kinship network. Because of this support and the traditions of motherhood available to them, they considered themselves good mothers and had a positive view of their parenting abilities. For some of this group, the sense of responsibility to provide for their child extended to a new concern for the future, and a desire to return to school and seek better employment opportunities.

Young women whose discourse fit the Developmental category had a remarkably different view of sexual relationships and early parenting. Members of this group were predominately middle-class and the cultural constructs of rationality and control permeated their discourse. A sexual relationship was seen as a developmental marker to be arranged and controlled. Pregnancy was not a part of the plan, however, and contraception was an important issue with abortion seen as a fall-back option. This group reflected much anti-marriage sentiment and concerns of education and employment had the paramount position in the lives of these young women.

In the Protective group, discourse centered on the risks of sexual relationships and the need for self-protection. Teens in this group were well aware of the statistics on teen pregnancy and felt the need for vigilance to ensure a successful future. Most of these young women avoided situations where sexual intimacy might occur and practiced abstinence. They were strong proponents of contraception as a secondary defense and were very critical of sexually active women who did not use birth control.

The four discourse constructs developed by Lamanna were original. However, the results of this study supported many of the findings of other research. Congruent findings relative to teen pregnancy included the following:

1. The culture of poor African Americans has an alternative life cycle which recognizes early sexual activity and parenting as normative.
2. While there may be discrepancies in the level of commitment between men and women, relationships between adolescents are often meaningful.
3. An extensive kinship network exists which lends support to early parenthood.
4. Teen parenthood is viewed by some as a reasonable choice leading to increased maturity and an acceptable progression of life goals.
5. Sexual activity is viewed by some teens as negative and risky leading to a predominately protective stance.
6. For some young women, self-development is a paramount goal and sexual activity becomes one of the milestones to be planned and controlled.
7. From an outsider's perspective, the greatest risk to a young woman is that of a loving relationship where prevention of pregnancy becomes irrelevant and inappropriate.
8. Contraception remains problematic with concerns about side effects, fertility, and misinformation about the risks associated with its use.
9. There continue to be diverse patterns in sexual activity and early parenting related to race/ethnicity, class, and other factors.

Lamanna (1999) was not content to support the findings of other research. She expanded the interpretation of her study "to connect these women's discourse to theoretical work on the social and cultural transformation of advanced societies and empirical work on contemporary youth" (Lamanna, 1999, p. 206). Findings were placed within the context of a postmodern view of society. Several themes related to postmodernism were identified.

Postmodern theory revised the vision of the normative family to include diverse structures and choices. However, teen pregnancy has not been included in this expanded definition of family and it continues to be considered deviant. Based on the results of this study, Lamanna expanded the postmodern construct of family to include family formation by teens.

Lamanna (1999) viewed postmodern society as congruent with postindustrialism. While not explicitly expressed, the economic and social instability and dislocation caused by a postindustrial society permeated these adolescents' discourse on sex, relationships, and parenting. These young women adapted the language and constructs available in the cultural context to legitimize and justify their situation.

The teens in this study find solutions to the disappearance of modern structures in a postmodern consciousness, which obscures their atomization and loss of direction. The essential randomness of life events or the uncertainty that directed action will attain its end is glossed over by a collage of cultural fragments (Lamanna, 1999, p. 200).

At the same time, social policy is framed by a modern sensibility which seeks solutions embedded in an attempt to shape behavior and improve motivation based on an out-dated vision of society.

In this study Lamanna (1999) recognized the changing social landscape for young people, where the old truths of a nuclear family and economic stability are gone. She challenged policy makers to formulate initiatives to support teens "whose behavior responds to limited options and whose attitudes are shaped by a postmodern consciousness" (Lamanna, 1999, p. 201).

In conclusion, the review of literature revealed several aspects of repeat adolescent pregnancy. Several studies identified factors related to the occurrence of a

closely spaced second pregnancy in teens including ineffective contraceptive use and a history of problem behaviors. Other research documented the effect that interactions of the teen mother with significant people in her life had on the occurrence of repeat pregnancy. One study identified the positive aspects of pregnancy found in the discourse of young mothers, including family formation, maturation, and the child as a source of love and meaning. All of the studies identified the importance of comprehensive programs to prevent pregnancy aimed at adolescents who are already mothers. Although much information is available about repeat adolescent pregnancy, few studies focused specifically on a second pregnancy from the perspective of the teen mother.

Chapter III

The Method

Repeat adolescent pregnancy is a multidimensional and complex phenomenon that has widespread ramifications for the teen mother, the baby, and society. The purpose of this research was to describe the phenomenon of repeat pregnancy by viewing it from the perspective of the teen mother pregnant with a second child. In this chapter, the researcher presents a discussion of the study design, limitations of the study, and a description of the procedures used.

Design of the Study

The researcher used a descriptive qualitative method to document the viewpoint of teen mothers pregnant with a second child. Morse (1991) describes this technique as research using open-ended or semi-structured interviews with individuals experiencing a shared problem or life event. Data are analyzed using content analysis. A descriptive qualitative study shares several basic tenets with other qualitative studies. The qualitative researcher believes that there are many realities and that events can be experienced and understood in multiple ways. The researcher using descriptive qualitative techniques accepts the obligation to document the participant's point of view regarding the phenomenon of interest. Qualitative research is accepted as subjective in nature, and it is recognized that the researcher is a part of the study. In a descriptive qualitative study, the researcher as interviewer is the instrument and as such actively affects participants in the

research. Finally, there is a commitment to describe the phenomenon by incorporating participant commentaries into the final report. (Streubert & Carpenter, 1999).

Before initiating a qualitative study, the investigator must recognize and set aside or bracket any preconceived assumptions about the phenomenon. Bracketing requires that the investigator be constantly aware of the potential for biases based on already formed ideas he or she has about the phenomenon under study. (Streubert & Carpenter, 1999.) Because of the importance of recognizing and limiting bias, this investigator ceased a review of the literature until data collection and analysis had occurred. In addition, the investigator's already established assumptions about repeat adolescent pregnancy were set aside.

Limitations of the Study

The limitations of this study were those that are common to qualitative research. Because the description of repeat adolescent pregnancy was based on the individual experience of the participants, it cannot be generalized to other members of this population.

Setting, Population, and Sample

The setting for the study was a health clinic located in a southern state that was established to provide prenatal services to Medicaid recipients. The population under study consisted of teen mothers between the ages of 15 and 19 living in a southern area. All participants were pregnant with a second child within two years of their first child's birth and all obtained prenatal care from the designated health clinic. The target sample

consisted of adolescent women who met the stated criteria and who consented to participate. The researcher used a convenience sample of 5.

Methods of Data Collection.

Instrumentation. The researcher obtained data from semi-structured, taped interviews (See Appendix A). The interviewer used a technique described by Morse in her book Qualitative Nursing Research (1991). A general open-ended question was followed by more focused questions as the interview progressed. After the interview, the researcher asked the participant to fill out a short demographic questionnaire (See Appendix B). The researcher piloted the interview guide and demographic questionnaire with one pregnant teen mother who was then included in the study sample.

Procedures. Prior to implementation of the study, the researcher obtained permission from the Mississippi University for Women Committee on Use of Human Subjects in Experimentation (See Appendix C). Permission was also obtained from the director of the designated health clinic (See Appendix D).

The researcher identified potential participants through appointment information and suggestions from health personnel at the site. Prospective participants were approached at the site while they were waiting to receive care and the researcher described the proposed study to them. If a potential participant agreed to be a part of the study, the researcher obtained an informed consent which included the possibility of a repeat interview to clarify information and/or to verify interpretation of data (See Appendix E). During the initial encounter, the researcher utilized established communication methods to facilitate an atmosphere of acceptance and trust, and set a time for the taped interview. Interviews were conducted after the participant had received

care in a room in the clinic designated for education. Confidentiality was maintained by using no names on the tapes. Participants' names with the corresponding tape number were listed on a separate document which was kept in a locked drawer. No one other than the researcher had access to this document and it was destroyed after the research was completed. Reports from the study did not identify participants in any way.

Data Analysis

The data were analyzed using content analysis as described by Rossman & Rallis (1998). After transcribing the interviews, the researcher read them numerous times in order to become intimately familiar with the data. Themes were identified and categories developed based on recurring patterns in the data. The researcher then coded the responses of participants. During the coding process, the researcher remained alert to new understandings which emerged as the data were organized into the categories. The transcripts were read independently by a doctorally prepared nurse specializing in qualitative research who also identified themes and patterns in the data. The researcher and the second reader then met to come to a consensus about the emerging themes and patterns and to finalize the categories and coding. A third reader reviewed the developed categorization and coding to determine if any participant concerns had been neglected.

Summary

The researcher used a qualitative descriptive design to study the experience of adolescent girls pregnant with a second child. Five teen mothers who received prenatal care at a designated rural health clinic were interviewed. The researcher then transcribed the taped interviews and analyzed the data using content analysis.

Chapter IV

The Findings

The purpose of this research was to study the phenomenon of repeat adolescent pregnancy from the perspective of the pregnant teen. Eight adolescent women fitting the criteria of a second pregnancy within 2 years of the delivery of a first child were identified at a nurse practitioner-operated clinic that was established to provide services to Medicaid recipients. Of the eight, only five agreed to participate in the study. The participant teens were 18 and 19 years old and lived in a rural area of a southern state. Four of them had babies between 1 and 2 years of age while one had a baby between 6 months and 1 year. One mother was in her first trimester of pregnancy while the other four were between 29 and 36 weeks pregnant at the time of the interviews. Four were Caucasians and one was African American. All of the young mothers had their prenatal care financed by Medicaid and four of the five also received the services of the WIC program. Two of the five were married, two others had a permanent relationship with the father of the baby, and the remaining one was no longer involved with the baby's father. Only one of the teen mothers was living with her parent(s). Two lived with their husbands, one lived with the baby's father, and one lived with her grandparents. None of the participants had intended to become pregnant with either the first or second baby. Four were using oral contraceptives at the time they became pregnant with their second child.

The participants were interviewed at the designated clinic. The interviews were conducted in a small room adjacent to the exam rooms after the women had seen the practitioner. The interview was initiated with the question: “What does it mean to you to be pregnant a second time?” The researcher asked follow-up questions to elicit further information pertaining to the teen’s relationship with her family, with the baby’s father, and her plans for the future.

The researcher transcribed the interviews in their entirety. Transcriptions were read and then reread by the researcher to gain a sense of the experience as a whole and to ascertain any reoccurring patterns or themes. Participant responses were then coded and placed within the identified themes and/or categories. The transcripts were read independently by a second person skilled in qualitative research who also identified recurring themes and patterns in the data. The researcher and the second reader then met to review the data and come to a consensus about the emerging view of the phenomenon. A final review of the emerging themes, categories, and coding was then done jointly by the readers. Finally, a third reader reviewed the categories and coding to determine if any significant participant concerns had been neglected.

One unifying theme emerged from the data--resilience in the face of an unexpected and initially unwanted second pregnancy. The young mothers who participated in this study were determined to make their lives work and to persevere. They experienced a loss, spoken or unspoken, of youth, of time for themselves and their significant other, and of plans for the future. In spite of the loss, four of the five were predominantly happy about the coming baby and cautiously optimistic about their circumstances. They were all committed to their children and to their vision of

themselves as mothers as well as to a positive future. A description of the emotional process these mothers experienced after first finding out they were pregnant a second time demonstrated their resilience. They progressed through a series of emotional stages beginning with shock and trepidation and culminating in a state of acceptance and even happiness. This acceptance was balanced by a continuing sense of regret. Concurrent with the unifying theme of resilience, three categories of discourse were identified which both supported and grew out of that resilience: the importance of community, an affirmation of motherhood, and a sense of responsibility and planning for the future.

The resilience of these young women was demonstrated in their responses to the initial query: "Tell me what it means to be a pregnant a second time." Their descriptions of a second pregnancy began with surprise and trepidation and then changed to acceptance and even happiness. Elements of uncertainty and trepidation remained even during the acceptance phase.

Participant A:

At first, I kind of was upset the first day that I found out. But after that I started getting excited. . . . But, I mean, I'm happy about it now. I can't wait for the baby to get here. It wasn't planned, but I am excited. . . . Hopefully everything's going to work out okay. It was really scary at first. . . . They'll be really close. That's kind of scary.

Participant B:

Well, a surprise at first. I really didn't expect it. When it [pregnancy test] came back positive, it kind of scared me. But I got over it. Had to, I guess.

Participant C:

Well, I'm kind of disappointed. I was shocked at first. . . . I was like what have I done, you know. But now, I'm excited about it. Cause my first one was a little boy and this one's going to be a little girl.

Participant G:

Well, at first, it was not the best thing for me, but after awhile, I love my little boy and I love kids. . . . I love him and I just think that this time around it's going to be just as good I guess . . . so it's kind of scary, but I think it will be

all right after it happens and everything. [At first] I was very scared. Because I knew I didn't need a second one, but after awhile, I got used to it and think, I'm happy now about it. I'm still kind of scared, but I'm happy. . . . So after awhile, I got used to the idea and I'm pretty much excited now more than anything. But I was scared and confused and everything else.

The teen mother who was in her first trimester of pregnancy and who had the youngest child exhibited an emotional state that was an exception to the positive outlook shown by the other 4 participants. She continued to voice her feelings of distress at the second pregnancy. When viewed within the framework of resilience as demonstrated by a progression of emotional stages, she had not yet had time in her pregnancy to move through the process.

Participant D:

A lot more stress. There's that . . . more work. Not job related work, I mean work like work at home and work at school and things like that. It's kind of emotional. I'm upset when I think about it, I really am. I'm not sad. I'm just more sad for . . . the other people who are involved. I mean, it's such a job. It's just hard. . . . I'm scared, cause my first child, she won't understand. Cause she's too young to understand.

Concurrent with the resilience demonstrated by these young mothers was a continued sense of regret. This regret remained a part of their experience of the second pregnancy and coexisted with their expressed happiness about the coming baby.

Participant A:

And I was going to go to college the next year, but I started college . . . and I found out a month later that I was pregnant with my second one . . . so I ended up having to quit college, so now I'm a full time stay-at home mom. But I'm really happy about it because that's what I want to do anyway. . . . I mean it's really hard. . . . It's not near what I expected to be doing, because I had really good grades in high school and a really good ACT average and a full paid scholarship to college, but, but it's okay. . . . I've had to grow up a lot faster than I would have. Which, I do wish that I had of waited because I mean that's those years that I won't ever get to be young again, but I feel like I'm about 40 years old now. It will make you feel a lot older very soon. But I mean . . . it's okay. It probably would have been a lot easier if I had of waited a few years. And gone to college. But I'm doing what I love, so that's okay.

Participant C:

I wish that I could be older, but it's happened, you know, so now I've just got to deal with it. But, I'm excited about it.

Participant G:

I was sad because I am 19 with this will be my second. . . . There's lots of things that I did miss out on, but there's a lot of things that I did get to do, because I was 17 and I had pretty much done everything that I was going to do. . . . I still do stuff, but I don't think I missed out on anything much. Besides graduation. That's the only thing I wanted really to do. But maybe I'll get to graduate college and it will be even better.

Participant D:

It means less time with my husband and with my other baby. . . . We'd have waited if it had been up to us.

The unifying theme of resilience was complemented by the three identified categories of discourse: community, affirmation of motherhood, and sense of responsibility.

Community

All of the pregnant teens emphasized how important the community of kinship relationships was to their resilience as adolescent mothers. Families were important to all of them. In addition, for all but one participant, the husband/father of the baby and his family were sources of support. Even when a parent expressed concern about the pregnancy and when the second pregnancy resulted in a strain in the relationship, the teen felt that she was supported by her family. Parents not only provided emotional support and guidance to teen mothers, but also childcare.

Participant A:

They, my family, are real supportive. . . . They were kind of worried whenever I got pregnant with the first one, but they seen how well I do with my first baby, and they're real supportive of me having another one. . . . I don't think they would be as supportive if I wasn't doing as well with my first one. . . . And his [her husband] parents are very supportive too. That's his sister that's keeping my baby right now. So they all just love [child] to

death. They're all very excited about this one. More excited about this one than they were about [child]. . . . I think all the support that I get helps a lot. . . . I think that that's the main thing that helps is having everybody's support. I don't know if I could [do it on my own]. I don't think I could really. I guess I would have to, but it would be a lot harder. I'm really glad to have the family that I do.

Participant B: [speaking of telling her mom about her pregnancy]:

At first after I told her she was like, I just got to go lie down, I got a headache. And then we woke up the next morning and she came in and she ask me questions like did I make an appointment here and did I sign up for WIC again and my Medicaid and stuff. So she was concerned. But she's been helping a lot. I guess she was just worried. . . . And when I do feel sick, my mom and my brother watch him while his father's at work. . . . But she's been a lot of help. It could be a lot worse.

Participant C:

This one isn't going over that well with my parents because of that [a different father]. . . . It kind of upsets me because I don't want to let my parents down, but I mean there's nothing I can do about it. . . . They're a little bit better with it now than they were at first. . . . [In answer to the question whether her mother will keep her children]: Yes. She doesn't work during the summer and then she usually doesn't go back until probably close to Christmas. . . . And then . . . this baby's daddy, his momma doesn't work. And she'll watch him after. I'm lucky again that I got a family. I'd rather them stay with family than day care.

Participant D:

My mom, she takes care of everybody which is a lot easier than worrying about daycare. Her grandma is always good to her [the baby]. That's one less thing to be worrying about.

Participant G:

I stay with my grandparents. They're older, so I help take care of them and they help me anyway they can. It gets annoying at times cause they're set in their ways. But you get used to it after awhile. They try their best to help me though. . . . My grandmother will keep my kids while I go to school. . . . [When asked how her parents reacted to her second pregnancy]: Well, I really don't know. They didn't really say much about it. They just told me whatever I did. I was an adult. I could do what I wanted to do. And it would all work out for the best. They were, I know they were disappointed. . . . [In reference to her siblings]: I only have one older sister and she helps out as much as she can. And my others, they're a lot younger than me, so, but they, if they can do anything they help. Like they help change diapers and play. If I'm tired, they'll play with my son and all that. They help out as much as they can.

All but one of the participants stated that they received support not only from their families but from the father of the baby. Several participants stated that the baby's father wanted a child and was pleased with the new pregnancy. This perception of support contributed to the resilience displayed by these young women.

Participant A:

My husband's wanting another one after this one comes. I told him he'll have to wait awhile though. . . . My husband really helps a lot. He helps me changing diapers and washing dishes. He has to wash all the dishes now because I can't reach the sink because my stomach's too big and he does all that stuff for me and helps me out with [child]. He loves [child] and plays with him all the time and I think that helps a lot knowing that he's going to be there and it's not all on me. Their daddy's going to be there for them. . . . I think that's the main thing that helps.

Participant B:

His father's working though. So that's helping a lot. . . . And when his father come home, he watch him. That helps too. [In response to a question about the reaction of the father of the baby]: He wasn't mad; he was surprised.

Participant C:

He's [the father of the baby] really excited. He is. We're going to get married. . . . He's real involved, because there's a lot of teenagers that don't have the daddies involved. . . . This is his first. He's wanted one. He's not but 21 and he's older than I am. But he's wanted a kid for a long time. . . . He's taking care of me, my other one, and then this one.

Participant D:

He's [husband and father of the baby] happy. He's worried for me just the same as I'm worried for him. That's the thing, I'm more worried about him and he's more worried about me.

In addition to the community provided by family and a significant other, Participant B, a young African American mother, described a community of young pregnant mothers that contributed to her resilience.

Participant B:

But it always happens like that. This the second time, and I always find someone that's due around the same time I am. And we're all real close.

However, none of the other participants, all Caucasians, spoke of such a network. While they were supported by family, they appeared to be isolated from a community of young mothers.

Participant A spoke of being different from other young women her age:

I'm not really much like other 19 year olds. . . . Most people my age probably wouldn't be happy to have two kids, but I love it.

Participant G spoke of a pregnant friend in another town:

I have one [friend who is pregnant], but I don't ever talk to her. . . . I'm the only one right now that I know of.

Affirmation of motherhood

Another category of discourse evident in the descriptions of the pregnant teens was the importance of motherhood. All expressed love for their current child. The positive experience of having a child colored their reaction to being pregnant a second time. They knew the difficulties of parenthood, yet they continued to be positive about the experience. Several felt that motherhood was the most important thing in their lives.

Participant A:

That's what I want to do anyway. I want to stay home with my babies. That's really when I got excited was whenever I could start staying at home with my little boy because I hate leaving him. I can't stand to be away from him anytime. So, he's with me 24 hours a day, 7 days a week, but I love it. . . . I love staying home with my babies and taking care of them. . . . So, it's not a big problem with me. I love it. [She also adds]: This pregnancy has about killed me. Trying to chase around a 16 month old and be 9 months pregnant. It's hard.

Participant G:

I went and got my GED and then I had him and it was like, the best thing I ever did. I swear. Cause I'm going to have just as much love for this one as I had for him. . . . Because being a mom is like the best thing ever. I love it. It's everything. I didn't think it would be, but it is. I didn't think you could love something so tiny and, but you can and I love being a mom. He's [her first child], I can't explain him. He's just him. He's everything to me. He's a good baby. He's got these mood swings, but I guess every baby does. He's a good baby though and I love him. . . . It's hard sometimes though, thinking. It's

going to be so hard. I don't know how I'm going to, if I got somewhere to go, mostly it's if I got somewhere to go, I don't know how I'm going to have a 2 year old and then a little baby. It's going to be hard, but I've seen people do it before. I think I can.

Although all of these mothers were at home full time with their child at the time of the interviews, only one expressed frustration or dissatisfaction with this arrangement.

Participant B: "I just have to stay at home and be bored all day." The others expressed either happiness at being at home to care for their child or appeared to accept it without complaint.

Sense of responsibility

Along with an affirmation of motherhood, these young teens expressed a sense of responsibility toward their children that grew out of and contributed to their resilience.

Participant B:

And my oldest brother is like what she gonna do with another one and like I don't know. I guess the same thing I'm doing with this one. I got to take care of it.

Participant C:

I figured since I was having a kid, I needed to be on my own. I needed to take the responsibility.

Part of this sense of responsibility involved pursuing educational opportunities and looking toward the future. Three finished high school while pregnant with their first child, one had already gotten her General Equivalency Diploma (GED) and the fifth was working on her GED. While one teen mother indicated that she had planned to go to college but was not now, two were currently enrolled in the local community college and a third had plans to attend in the fall. They expressed a determination to make a good life for their children.

Participant G:

I plan on starting school in August and going back. I don't know what I'm going to do, but I'm going to do something. Make a better life for my children. And I have.

The mothers demonstrated a further sense of responsibility by expressing a desire to postpone any further childbearing and a need to find an adequate method of contraception. Four mothers had been on oral contraceptives when they became pregnant. The remaining participant was in the process of obtaining contraceptive services when she became pregnant.

Participant A:

And I was getting my birth control up here and what happened was, I had asked them to switch and start getting it through [a local community closer to her home] because it was a lot easier for me just to go up there and get it. . . . The people at [local community] kind of got it mixed up and so I kept calling up there and calling up there to try to get it and they kept telling me they didn't have it. And then I went up there one day and they were going to give it to me, but they did a pregnancy test first and it was positive, so I didn't get it then either.

Participant B:

I had to get off the Depo because I bled all the time on the Depo. And then they put me on the pill. And I was like well will I be able to be on birth control at all? Next time, I'll be more cautious though.

Participant G:

I was on the pill. And I thought that it was working, but it wasn't. They told me later on, that well, birth control just might not work for you. Well the pill don't. . . . Since the pill don't work, I'm going to try to get the shot and just don't be with nobody else.

Participant D:

I was using Ortho Tri-Cyclen. But I was sick for awhile and I didn't think about it til I got pregnant. I was being real careful.

Effective contraception was a significant problem for the young mothers who participated in this study.

Summary

The theme of resilience emerged from the description of repeat adolescent pregnancy provided by the participants of this study. These young mothers underwent an emotional process characterized by movement from shock to acceptance and even to happiness. Underlying this sense of happiness was a continued sense of regret. Three additional categories of discourse were identified which contributed to the theme of resilience: community, affirmation of mothering, and a sense of responsibility. The data demonstrated that these adolescent mothers pregnant with a second child were determined to persevere and remained cautiously optimistic about the future.

Chapter V

The Outcomes

A descriptive qualitative study was conducted to examine repeat adolescent pregnancy from the perspective of the teen mother. A sample of 5 adolescent mothers fitting the criteria of being pregnant for a second time within 2 years of the first child's birth participated in the study. The research question that guided the study was the following: What do adolescent mothers think and feel about a second pregnancy? In this chapter, the researcher summarizes the findings of the study and relates them to current literature. Recommendations based on the findings are discussed as well as limitations of the study and suggestions for future research.

Summary of the Findings

Repeat adolescent pregnancy has been identified as a significant social problem. It affects the health and well-being of the mother, the children, and society. In the lives of these five young women, a second pregnancy had serious ramifications. All expressed the difficulties inherent in being pregnant a second time. They had to postpone educational and employment plans. None was working and, despite financial support from husbands and family, all were relying on government programs. However, the participants gave no indication that they suffered physical consequences from a closely spaced second pregnancy.

The demographics of repeat adolescent pregnancy have been widely studied and reported. Because the purpose of this qualitative study was to present a description of repeat adolescent pregnancy from the perspective of five adolescent mothers, no attempt was made by the researcher to obtain a representative sample. The convenience sample differed from published statistics in regard to some variables while it showed similarities to others. Although research indicated that repeat pregnancy in teens is more prevalent in minority populations, the sample in this study was 80% Caucasian. Some studies found repeat pregnancy more prevalent among younger teens while other researchers discovered that older teens had a higher number of closely spaced second births. The participants in this study were in the older teen years. Current literature has indicated that a repeat adolescent pregnancy is correlated with low socio-economic status and dependence on government programs. The site chosen for this research was a clinic serving patients who received government assistance for their health care and the sample was drawn from this population. The association between a low socioeconomic status and a second pregnancy is not, however, correlated with higher levels of sexual activity among disadvantaged teens. Rather, sexual activity is predominantly the same across economic lines with higher income teens being more likely to use contraception effectively or to obtain an abortion (AGI, 1998). The results of this study indicated that the pregnant teens who participated were not using contraception effectively. In addition, abortion was never mentioned by any of the participants. The researcher concluded that it was not an option considered by these young mothers.

Discussion

The theoretical framework for this research was David Elkind's Developmental Model of Adolescence. He views the teenage years as a separate developmental stage with distinct characteristics. One characteristic particularly applicable to teen pregnancy is what Elkind (1998) calls the "personal fable," in which adolescents construct myths about themselves and their lives. One such fable holds that the negative consequences of risky behavior will not apply to one's self. Young women who subscribe to this myth believe they can engage in unprotected sexual intercourse without becoming pregnant. The young women in this study did not give any indication that they were currently operating under this "personal fable." Four of the five believed they were using oral contraceptives effectively and the other one was attempting to procure contraceptive services. The characteristic of a "personal fable" may have been relevant to the experience of their first pregnancy, but it was not pertinent to their subsequent pregnancy. In addition, the young women's discourse provided no evidence that they possessed the other adolescent characteristics described by Elkind (1998). The researcher surmised that because of the reality of a first baby, these teens had moved through the developmental stage of adolescence. Even though they were chronologically within the teen years, developmentally they had matured.

Elkind (1998) also discusses aspects of postmodern society in the United States and the impact of current societal patterns on behavior during adolescence. He identifies a change in the traditional family structure from nuclear to what he calls the "permeable family." In the new family structure, adolescents are expected to assume an expanded role, and they are not supervised as closely as they were previously. Schools are no

longer places of safety and community for teens, and instead have become large, overwhelming places of fear and violence. In addition, adolescents are bombarded by media messages that glamorize sexuality without discussing the consequences of risky behavior. Finally, many teens in postmodern society do not experience the traditional rites of passage leading from one developmental stage to another. While many of Elkind's (1998) concepts relating to postmodern society were not addressed in this study, the loss of developmental markers was evident in the lives of these young women. They experienced a blurring of the traditional markers that in the past have differentiated adolescence from childhood and from adulthood. They became pregnant before marrying and established families before experiencing high school graduation. Many expressed regret at this disruption of the normal transitional markers.

The recurring theme that emerged from the participants' descriptions of their second pregnancies was resilience. The resilience of these young women can be understood in the context of the survival theory explicated by Gondolf (1988) in relation to women who were victims of domestic violence. Gondolf (1988) based his theory of the survival of battered women on a biologically deterministic vision of women's behavior as well as viewing the phenomenon from a feminist perspective. The biological determinist view holds that the female traits of nurturing and cooperation are based in the physical capacity of women to bear children. Modern feminists have further interpreted this view to assert that the ability to give birth and the capacity for mothering give women an inherent ability to appreciate life and provide them with a perspective on the world that is uniquely compassionate and caring. Gondolf (1988) expanded this view of the survival of battered women to include the philosophical concept of "self-transcendence," and he

described an inner strength, dignity, and desire for good among the women he studied. For Gondolf (1988), the ability of battered women to be survivors in the face of violence is rooted in the inner strength they possess as women, a strength which allows them to be resilient in the face of difficult circumstances.

As with the battered women studied by Gondolf (1988), the five adolescent mothers participating in this study were survivors. Their experience in bearing and nurturing a child provided them with an appreciation for life that manifested itself in a capacity for resilience. Each possessed an inner strength that allowed her to persevere in the face of an unexpected second pregnancy. Their initial sense of loss and feelings of shock and trepidation were followed by an acceptance of the situation and happiness about the coming child. Even though they continued to feel a sense of regret, overall they displayed a positive outlook and an ability to move on. The resilience displayed by these young mothers can be understood within the framework of biological determinism as an innate characteristic derived from the biological ability to bear children. However, this researcher related it to their previous experience of bearing and caring for a child, an experience that led these teen mothers to an appreciation of life and an ability to carry on as a survivor. Alternately, the resilience displayed by these young mothers could be the result of their individual personalities rather than gender-based. As with the battered women studied by Gondolf (1988), the participants of this study could represent a subset of adolescent mothers who possess a resilient personality.

None of the literature reviewed for this study identified the theme of resilience as an intrinsic part of the experience of being a teenager pregnant with a second child. Very few studies incorporated the teen mother's perspective into a model of repeat pregnancy

and those that did approach the phenomenon from the point of view of the pregnant adolescent did not focus on the inner strength displayed by young mothers.

Accompanying the overriding theme of resilience, three categories were identified as recurring patterns in the discourse of the five teen mothers interviewed for this study. The identified categories--community, affirmation of motherhood, and taking responsibility--supported the theme of resilience.

Community: The findings of this research established the importance of community as a contributing factor to the resilience of the adolescent mothers participating in the study. Kinship networks remained a significant force in the lives of these women. Even when a parent expressed concern or disappointment regarding the second pregnancy, families continued to be an important source of support. They provided financial help, physical assistance, and childcare. They also remained the predominant relationship outside of the husband/father of the baby and continued to provide a sense of community for the young women.

Several studies have focused on the family relationship of teens pregnant with a second child. Bull & Hogue (1998) identified an increase in the conflicted relationship between pregnant teens and their mothers. Because the focus of this study was on the meaning of a second pregnancy to the teen mother, it is difficult to determine from the data the degree of conflict between the teens and their mothers. It was evident, however, that even though a strong bond continued, there was a degree of disappointment on the part of some of the parent(s) about a second pregnancy. Bull & Hogue (1998) also identified a discrepancy between mothers and daughters about the actual care-giving of the first child. Each felt she was primarily responsible for childcare. Since this research

did not speak directly to the families of the teen mother, it was impossible to determine how they perceived their care-giving role. It was clear, however, that even though families provided some childcare, the young mothers considered themselves to be primarily responsible for their firstborn and their coming child.

In her study of adolescent discourse, Lamanna (1999) discussed the contribution of the kinship network in providing positive role models for young mothers. Because of the support and guidance that parenting adolescents received from their families, they were able to view their parenting in a positive light. The teen mothers participating in this study considered themselves to be good mothers. There was no sense that they felt inadequate or less able to care for their children because of their age. It was impossible to determine from this study to what degree the feeling of competence was related to the kinship network, but it could be considered a possible factor.

All but one of these young pregnant mothers perceived the father of the baby to be supportive, not only by providing financial assistance, but also through helping with chores, watching the first child, and providing emotional support. Some of this perceived support may be related to the fact that two of the teens were married. However, it was also evident in the lives of the two teen mothers who were not married, but had a significant relationship with the father of the baby. In contrast to the perception of support found in this study, Bull & Hogue (1998) found that while fathers did contribute financially, they were not involved in the day-to-day care of their children.

Numerous researchers have studied the relationship between teen mothers and their peers. Gillmore & Lewis (1997) examined peer relationships within the context of social development. They postulated that associating with a deviant social group would

lead to an increased rate of repeat pregnancy among adolescents and found that having a best friend who was pregnant or parenting was significantly related to a second pregnancy. Bull & Hogue (1998) also found a positive relationship between a repeat pregnancy and a peer culture promoting pregnancy. They identified an adolescent subculture that viewed pregnancy and parenting as normative and fun. Lamanna (1999) identified this normative pattern of adolescent pregnancy within the African American culture. Her findings substantiated the current concept of an alternate life course among young, poor African American women.

While it was impossible to generalize based on the results of this qualitative research, the findings of the study suggested that, supportive of Lamanna's (1999) findings, the peer group was a more prevalent and significant factor among African American teens. The only pregnant teen who talked of a such a peer group was the sole African American participant. This researcher did not identify the presence of a peer group of pregnant friends as a significant factor in the experience of the other 4 participants in the study. It was impossible to determine from the data whether these 4 participants experienced the support of a significant peer group before their first pregnancy, or whether they were a subset of adolescents who consistently looked to their families for community.

Affirmation of Motherhood: Affirmation of motherhood was a part of the experience of a second pregnancy for all of these young women. All of them displayed love for their child and indicated that motherhood was an important element in their lives. This aspect of adolescent parenting was addressed extensively by Lamanna (1999). The five teen mothers participating in this study fit the category of discourse Lamanna (1999)

labeled Pair/Bond. Lamanna (1999), as well as other researchers cited in her study, viewed teens as having babies to provide meaning in their lives. In a society of dysfunctional families and economic dislocation, young women turned to motherhood as a source of comfort and joy. This view of adolescent pregnancy implied an intentionality lacking in the participants of this study. However, after becoming a mother, these young women found that their child gave meaning and structure to their lives. For two of the teens, their child became the primary focus of their life. In the view of the researcher, this love was a significant factor contributing to their resilience. However, this researcher also wondered if the extensive affirmation of motherhood several of them expressed was in part an attempt to make the best of an unexpected and not entirely welcomed situation. It is also possible that this reliance on a child to give meaning to one's life reflected Elkind's (1998) vision of a "patchwork self" where an inner sense of self is lacking. Perhaps the young mothers, in bearing and caring for a child, were able to develop a sense of self they previously lacked.

The Pair/Bond group identified by Lamanna (1999) also focused on having a relationship with one person and the establishment of a family. Four of the teen mothers in this study had permanent relationships with one person--two married and two cohabiting. These young women borrowed the culturally accepted language about relationships in their talk of the fathers of their children in a way similar to that described by Lamanna (1999). They used words like "supportive" and "helpful" to describe their significant other. The discourse concerning their attachment to the baby's father seemed to this researcher to go beyond the romantic feelings identified by Elkind (1998) as part of adolescence. This researcher was left to wonder if the young mothers' description of

their mates' involvement was accurate--if the young fathers were in fact as committed and helpful as the young mothers presented them to be. No matter their actual situation, married or not, with the father of the baby or not, these pregnant teen mothers considered themselves to have begun a family. Even the young mother who will be raising two young children on her own considered herself and her children as a family unit.

Sense of Responsibility: The teen mothers who participated in this study uniformly accepted responsibility for their children. While not financially independent, they expected to be the person primarily responsible for nurturing and raising their children and they were determined to provide a good life for them. For one whose husband worked to support the family that meant staying at home and being the primary caretaker. Others pursued further education in hopes of providing better economic opportunities for themselves and their families. To these young women, the second pregnancy did not represent the end of their dreams or plans for the future. The pregnant teens in this study perceived early parenthood as a delay in their life goals rather than a negation of them.

It is interesting to note, however, that at the time of these interviews, the sense of responsibility these young women articulated about the care of their children did not extend to productive employment. None of them worked at the time of the interview, and they relied on family, the father of the baby, and government programs for financial support.

Most of the literature reviewed for this study did not address a sense of responsibility or planning for the future on the part of teen mothers. In fact, many studies associated repeat adolescent pregnancy with a lack of responsibility. Gillmore & Lewis

(1997) viewed repeat adolescent pregnancy within the context of problem behavior. They determined that teens with a syndrome of problem behavior including drug abuse and fighting were more likely to become pregnant a second time. This researcher did not address the previous behavior of the teen mothers and no statement can be made regarding possible problem behavior preceding the pregnancy. However, these young women demonstrated current behavior that did not fit the model of problem behavior. They accepted responsibility for their children and their discourse demonstrated a desire to be part of the normative culture. Although a second pregnancy during adolescence would seem to indicate that these young mothers were a part of Elkind's (1998) "new morbidity," their description of the experience of a second pregnancy did not support this designation. There was no indication from the data that these young mothers were generally irresponsible or primarily present-oriented.

Many studies focused on school achievement and its relationship to a repeat adolescent pregnancy. Lack of attendance at school or diminished school achievement were found to be positively related to a repeat pregnancy. Bull & Hogue (1998) placed a subsequent pregnancy among adolescents in the context of a negative regard for school on the part of teens who felt that school administrators and teachers were not flexible enough in meeting their needs. This researcher did not address how the teen mothers regarded school. However, the study did provide information on their educational level and future plans for education. Decreased school achievement did not appear to be a major factor in a second pregnancy among the participants. Three of the teen mothers finished high school while pregnant with their first child. One participant had already obtained her General Equivalency Diploma (GED) and the final participant was working

on her GED at the time of the interview. Two participants were attending a local community college and a third was planning to begin community college in the coming year.

In contrast to other researchers, Lamanna (1999) focused on the sense of responsibility felt by teen mothers in her description of the Pair/Bond group. Teens in this group expected to be responsible for their children. They viewed parenthood as a positive factor in helping them to mature. Lamanna's (1999) description of repeat adolescent pregnancy supported the researcher's view that adolescents who are already mothers may have passed through the developmental stage of adolescence described by Elkind (1998).

One of the major factors related to responsible parenting is the issue of birth control. Much of the literature about repeat adolescent pregnancy focused on the use of contraception among this population. Coard et al. (2000) concluded that use of the contraceptive implant decreased the number of second pregnancies among adolescents. The researchers also found that consistent use of other methods of birth control in the early postpartum period reduced repeat teen pregnancies. Stevens-Simon et al. (1998) focused on the reasons that teens gave for not using contraception. They found that concern about side effects and a lack of motivation to prevent pregnancy were more important indicators of repeat pregnancy than lack of access to contraceptive services or inadequate education. For the five teens participating in this study, contraceptive services failed. All expressed a motivation to use birth control and none became pregnant intentionally. Four participants believed themselves to be using oral contraceptives effectively while the other participant had a problem with access to contraceptive services. Two participants had had problems with side effects, notably weight gain and

abnormal bleeding, which caused them to discontinue use of a specific method. Based on this data, the researcher could not determine if these women experienced a lack of effective information, were careless in their use of the pill, or not quite motivated enough to find an alternate method when it was necessary. The results of this study indicated that the contraceptive services provided to the young mothers were inadequate. If efforts to reduce repeat adolescent pregnancy are to be effective, health care providers must increase efforts to provide adequate information and support for birth control methods. They must also address the issue of motivation to use contraception effectively.

Implications for Nursing

Repeat adolescent pregnancy is a significant social problem in the United States. It had a negative effect on the lives of the young mothers participating in this study whether they were married or unmarried. None of these mothers participated in a pregnancy prevention program. They received prenatal care at a clinic providing only that service plus a brief postpartum visit. They then went to the public health department in their respective counties for follow-up well baby checks and family planning. This fragmentation of services may have contributed to the inadequate information about oral contraceptives demonstrated by the participants as well as to a lack of reinforcement for the effective use of birth control. The results of this study emphasized the importance of programs to address repeat adolescent pregnancy among all populations of young mothers including the population represented by this sample. Older teens who are already mothers, whether married or not, need comprehensive services providing information and support for effective contraception, parenting information to reinforce the positive

attitude toward their children, and encouragement to pursue their educational and career goals.

Numerous studies have examined programs to prevent pregnancy among adolescents. Few programs have been very successful at lowering the rate. Solomon & Liefeld (1998) evaluated a program that was successful in reducing the repeat pregnancy rate among adolescents. The program they developed and evaluated used a comprehensive, neighborhood based center that offered a variety of services. This program served a very different population than that represented in this study, i.e. urban and unmarried. However, several parts of the program developed by Solomon & Liefeld (1998) could be applied to a pregnancy prevention program for this more rural population. A comprehensive center could be established at a location frequently used by teen mothers such as a WIC office. Such a center could provide contraceptive counseling, monitoring of effective contraceptive use, teen parenting programs, access to social services, and recreational opportunities. The provision of parenting classes could provide a network of young mothers that might help provide motivation to postpone pregnancy and reinforce correct information about contraceptive methods. As suggested by Gillmore & Lewis (1997), health care providers in such a setting could use the love and concern these young mothers feel for their firstborn to motivate them to postpone a second pregnancy.

Limitations of the Study

This study had several limitations. The site was chosen because it provided ready access to the desired population. However, it was a crowded, busy clinic and even though the space provided was private, there were abundant distractions. In addition, time

constraints were a factor. Several of the teen mothers had already been at the clinic for over an hour at the start of the interview because of waiting for their appointment and the length of their visit with the practitioner. Because of this, they were unwilling or unable to participate in an extended interview. Another limitation was the ethnicity of the participants. Additional minority representation might have provided a different mix of information. A further limitation was the biases represented by those adolescent mothers who chose not to participate in the study. This population possibly represented a group of teen mothers who were less optimistic and positive about their second pregnancy and thus did not want to discuss it. As with all interviews with a stranger, there was the limitation inherent in participants possibly telling the interviewer what they thought she wanted to hear. A final limitation was the difficulty in establishing a trusting relationship between the participants and the interviewer. Establishing such a relationship is inherently difficult between teens and a middle-aged interviewer and it was exacerbated by limitations of time and space.

Recommendations for Future Research

The results of this study yielded potentially valuable information regarding repeat adolescent pregnancy from the perspective of the teen mother. Further studies with pregnant teen mothers could provide additional fruitful information. In particular, interviews with pregnant mothers at various points in their pregnancy and during the postpartum period would provide a more comprehensive view of the development of resilience among this population. Research including different demographic representation would validate the application of the theme of resilience to other populations of pregnant teen mothers. In addition, quantitative studies should be

conducted in an effort to determine if the findings of this study can be generalized to other groups of teens pregnant with a second child. Finally, there should be further research about the influence of teen peer groups on repeat pregnancy.

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Appendix A

The Wharton Repeat Adolescent Pregnancy Interview Guide

The Wharton Repeat Adolescent Pregnancy Interview Guide

This guide will be used by the researcher to conduct the semi-structured interview.

Researcher: First, let me repeat what we discussed previously. This interview is part of a research project about teen mothers who are having a second baby. You have agreed to this interview and understand that I am taping it. You also understand that you may stop at any time and that if you decide not to continue, your health care at this clinic will not be affected in any way.

Your name will not be used on this tape. This is tape number...

Please tell me what it means to you to be pregnant a second time.

Follow-up questions:

- How did you feel when you first found out you were pregnant?
- Do you feel differently about this pregnancy than you did about your first?
- Did you plan to become pregnant again?
- Were you using birth control?
- How does the father of the baby feel about this pregnancy?
- What was the reaction of your family and your friends?
- What are your plans for the future?

Is there anything else you care to tell me about your pregnancy?

Appendix B

Repeat Adolescent Pregnancy Demographic Survey

Repeat Adolescent Pregnancy Demographic Survey

Tape #:

Please circle your answer to the following questions.**1. What is your current age?**

- a. 15 d. 18
- b. 16 e. 19
- c. 17

2. How old is your first baby?

- a. Less than 6 months old
- b. 6 months to 1 year old
- c. Between 1 year and 2 years old

3. What is your ethnic background?

- a. White d. Asian
- b. African-American e. Native American
- c. Hispanic f. Other: Please specify:

4. Are you married?

- a. Yes
- b. No

5. Are you in school?

- a. Yes
- b. No

6. Do you have insurance?

- a. Private
- b. Medicaid
- c. No

7. Do you receive WIC?

- a. Yes
- b. No

Appendix C

Approval of the Mississippi University for Women Committee on Human Subjects in Experimentation



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February 23, 2001

Ms. Marianne Wharton
c/o Division of Nursing
P. O. Box W-910
Campus

Dear Ms. Wharton:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research as submitted.

I wish you much success in your research.

Sincerely,

Vagn K. Hansen, Ph.D.
Vice President
for Academic Affairs

VH:wr

cc: Mr. Jim Davidson
Ms. Terri Hamill

Appendix D

Request to Use the Designated Clinic for Data Collection

February 16, 2001

516 College Hill Road
Oxford, Mississippi
662-513-0696
wharton@watervalley.net

[Clinic site]

Dear [Director]

Thank you for taking the time to review my request to use [clinic site] as a site for my research study which will be the basis for my Master's thesis at Mississippi University for Women. I will be doing a qualitative study exploring repeat adolescent pregnancy from the perspective of the teen mother. I hope to do taped interviews with up to five teenage girls pregnant with a second child.

My plan is to identify possible participants through suggestions from staff or from records or appointment information. I will approach a potential participant while she is waiting to receive care and explain the study to her. If she agrees to participate, I will obtain informed consent. I will then conduct the taped interview after she has received care either that same day or at the next scheduled appointment. After the interview, I will ask her to fill out a short demographic questionnaire.

I will maintain confidentiality by not using names on the tape. I will list the participant's name along with the tape number on a second document which will be kept in a locked file and destroyed after the research is completed. Any reports from the study will not identify participants by name.

I am including a copy of my interview guide, the demographic questionnaire, and the consent form for your review. Thank you again for considering my request.

Sincerely,

Marianne Wharton

Appendix E

Consent for participation in a research study

“Repeat Adolescent Pregnancy from the Perspective of the Teen Mother”

Consent for participation in a research study

“Repeat Adolescent Pregnancy from the Perspective of the Pregnant Teen”

In signing this document, I am giving my consent to be interviewed about being pregnant by the researcher, Marianne Wharton, and my willingness to complete a short questionnaire. The interview and questionnaire will be used to collect information about teenagers who are pregnant a second time. I understand that Ms. Wharton is a family nurse practitioner graduate student at Mississippi University for Women and that this study will form part of her thesis.

I understand that I will be interviewed and asked to complete the questionnaire at the Healthy Start Clinic in Tupelo, Mississippi, while I am there for my prenatal care. I also understand that I may be contacted again and asked for some additional follow-up information which will be collected either at the clinic or by telephone.

I understand that this interview is entirely voluntary and that if I chose not to participate it will not effect services provided to me by Healthy Start. I also understand that I can refuse to answer any questions or end my participation at any time. The interview will be taped and my name will not be used. My name along with the number of the tape that has my interview will be listed on a separate document. The researcher will keep this document in a locked drawer. No one else will have access to it and it will be destroyed after the research has been completed. I have been told that any information I provide will not be given to anyone who is not directly connected with this research. I also understand that reports of this study will not identify me in anyway

This study will help develop a better understanding about teenagers who become pregnant a second time, but I will receive no direct benefit as a result of my participation. I understand that the results of this study will be given to me if I ask for them and that Marianne Wharton is the person to contact if I have any questions about the study or my rights as a participant. Ms. Wharton can be contacted at 662-329-7323.

Date:

Signature

Interviewer's signature